

DR. MADDOCK
ON
DISEASES OF THE CHEST

SEVENTH EDITION.



EXTRACTS FROM LITERARY REVIEWS
OF
DR. MADDOCK'S TREATISE
ON
DISEASES OF THE LUNGS, AIR-PASSAGES,
AND THROAT.

LONDON LITERARY GAZETTE, *April 26th*, 1845.

"We have deemed it our duty to notice and second the endeavours of the author in extending and making known his mode of treatment; for it is impossible not to believe that it is particularly applicable in these complaints."

MORNING POST, *Aug. 10th*, 1844.

"We have perused the Doctor's treatise with considerable attention and much interest, and we can recommend it to the study of the profession, and to the attention of the community at large."

MORNING HERALD, *Oct. 18th*, 1844.

"We recommend its perusal in the first place to the afflicted, who will probably derive from it some well-grounded hope of restoration to health; and, in the second place, to the student and matter-of-factist, who will collect some information from its pages which may be useful to the practitioner, or gratifying to the philosopher."

CRITIC, *Feb. 15th*, 1844.

"Dr. Maddock's treatment is founded on a rational theory, and the practical results of it are most gratifying."

LITERARY JOURNAL, *Aug. 10th*, 1844.

"That inhalation is beneficial and curative must be admitted by all practitioners who have courage and honesty. That it has softened and soothed the path to the grave in those who were rendered incurable by neglect—that in incipient consumption it has restored health and saved life—are facts which no pathologist will deny. . . . We have received great information from this work—information which we assure our readers is of the first moment to the whole human family; and we should be neglecting our duty if we did not urge upon all classes, unprofessional and professional, to peruse it."

ATLAS, *March 1st, 1845.*

"Though the inhaling of warm vapours has long been recommended, it has rarely been employed, and never till lately been reduced to what may be termed scientific practice. Of all men the professors of the medical art are the most determined opponents of every innovation. They regard every new discovery with as much alarm as the orthodox in theology look upon heresy or schism. He must, indeed, be a bold man who propounds a new theory in medicine, or a new mode of treatment in the curative process. If he cannot quote Hippocrates in support of his principles, or if Celsus is silent on the subject, his views are disregarded, and probably his motives are impugned. Indeed, though the most indubitable proofs of the efficacy of a treatment differing somewhat from the prescribed formula of ordinary practice can be given, the great majority of the profession will rather doubt the testimony of their senses than deviate an inch from the antiquated customs of their great-grandfathers. . . . We strongly advise the public to consult the work, for to every unbiassed reader the proofs Dr. Maddock adduces in favour of his practice must appear convincing."

WEEKLY DISPATCH, *Oct. 6th, 1844.*

"We trust that the work will call the attention of the profession to the important subject of inhalation, which has been so unaccountably neglected. . . . Dr. Maddock has treated this class of disease with circumspection, and has produced a book of great value."

WEEKLY CHRONICLE, *July 14th, 1844.*

"Dr. Maddock makes out a most decided and satisfactory case in favour of his mode of treatment."

SUSSEX ADVERTISER, *Sept. 30th, 1845.*

"The volume before us seems to be written under a sincere conviction of the truth of the principles it asserts, and with an earnest desire for the mitigation of the evils of which it treats. Fully participating in so humane a motive, we gladly lend our columns in order to attract the attention of all those who may be unfortunately interested in such a subject. Should the system it advocates fail of the full and complete success aimed at, the fatal termination that now so often—may it not be said almost invariably?—distinguishes consumptive cases, will surely be held sufficient ground for the endeavour to avail oneself of every possible expedient which enlarged experience offers to notice, or which medical skill, excited by the failure of old and long-tried systems, may strive to discover in new."

LIVERPOOL CHRONICLE, *Sept. 13th, 1845.*

"But very few years since medical science was 'a sealed book' to all but its professors, by whom it was as jealously guarded from the public eye as were the mystic secrets of the Egyptian priesthood from the priest-ridden people. In place of these we have now intelligent and persevering men, gaining medical knowledge, and as eagerly diffusing it among those who trust their lives in their hands; claiming only the superiority which is acquired by exclusive attention and constant practice: and this enlightened policy is fully repaid by the increased confidence which the public place upon really talented men. Of this class is the author of the work before us, a work written with the best feeling which should actuate a medical man, a sincere desire to alleviate the miseries of his fellow-creatures, second only to exertions for his own honourable maintenance. The very clear exposition of the symptoms of incipient consumption, the steps necessary to resist its insidious encroachments, and the very powerful though much neglected remedies suggested for resisting it, altogether contained in this interesting treatise, render it a most desirable acquisition to every person or family in whom there is any hereditary tendency to phthisis."

BRIGHTON GUARDIAN, *Sept. 10th, 1845.*

"This is a most valuable contribution to the medical literature of this country, and reflects much credit upon the author."

HAMPSHIRE TELEGRAPH, *Nov. 1st, 1845.*

"The graphic description in this able book, and the treatment pointed out, at once ingenious and uatnal, together with the proofs adduced of its efficacy and success, induce us to hope that the philanthropic labours of its author may be duly appreciated, and produce those satisfactory results which it seems to us reasonable to anticipate."

READING MERCURY, *Sept. 27th, 1845.*

"This work is entitled not only to general attention, but also to the particular regard of the medical profession, as well as that of the suffering community."

EXETER GAZETTE, *Sept. 27th, 1845.*

"The great importance of the question to the many who suffer in various degrees from these distressing complaints will, no donbt, create for this interesting and able work a great degree of interest, which the high and well-earned reputation of the anthor will tend much to enhance."

HERTFORD MERCURY, *Jan. 23rd, 1847.*

"It would be absnrd to deny the fact that diseases of the lungs and heart have been amongst the chief difficulties of the faculty; and comparatively few have been able to give the subject adequate attention, or to make the experiments necessary to enable them to discover anything in the shape of a cure. Too long have they been in the habit of regarding this class of diseases as beyond the reach of medical art; and many a patient has sunk slowly and silently into the grave who might have been saved by greater skill and knowledge. . . . The cases appended to this volnme clearly show that some of the author's patients, who were, under his care, restored to perfect health, would, but for their fortunate application to him, have been allowed to perish from what was mistakingly considered an incurable disease. . . . We have no doubt that the book will be extensively read, and that it will be the means of saving many a home from the desolation of having its fairest and frailest inmate death-stricken in the bloom of yonth and beauty."

ESSEX STANDARD, *Feb. 20th, 1847.*

"The treatment is evidently based upon very sound principles."

OXFORD UNIVERSITY HERALD, *Nov. 7th, 1846.*

"Dr. Maddock does not preteud to be amongst those who would say that no case of consumption is incurable; but he raises up in the mind of the reader, by fair means, the conviction that the nmber of those who are annnally carried off by that fearful disease may be very sensibly diminished. We think that no one can rise from its perusal without being satisfied that it is the work of a practical and experienced man; and that it ought, for the sake of those who suffer from consumption, asthma, or bronchitis, to be brought into extensivo circulation. It is, in the strictest sense of the term, a valuable work."

TAUNTON COURIER, *Feb. 4th, 1846.*

"The reputation of Dr. Maddock, standing high as it does among the faculty, will experience no slight access of honour among his professional brethren from the very lucid views he has disclosed, in connection with a train of valuable facts adduced in their corroboration; and the public generally will peruse, with convinced judgment and grateful approbation, one of the best expositions of the mode of baffling a mischievous, but certainly not in many cases a cureless malady, which has hitherto appeared."

BATH JOURNAL, *Oct. 10th, 1846.*

"The work has the character of disinterested integrity in every page. The remedies suggested may be tried with the greatest ease, safety, and benefit. We feel pretty sure that none so afflicted will read the book without being induced to make the trial."

MAIDSTONE JOURNAL, *March 31st, 1847.*

"It is perfectly evident that the author is a man of much practical experience and ability; his arguments are very reasonable, and his proofs, in the shape of cases, give them weight and authority."

NOTTINGHAM REVIEW, *Feb. 27th, 1846.*

"We believe in the efficacy of the plan laid down, inasmuch as we have known several persons most materially relieved by it who exhibited all the symptoms of consumption."

SHEFFIELD IRIS, *Nov. 12th, 1846.*

"A most interesting and convincing work. We fully believe, with the author, that the greatest possible mischief often arises from drenching the *stomach* with remedies, when the *lungs* only are diseased. Inhalation is the only safe mode of treatment in these cases."

WESTONIAN MERCURY, *Oct. 16th, 1847.*

"In his praiseworthy labours Dr. Maddock claims the aid of all, and ours we cheerfully accord him, hoping his work may go far to shake down the prejudices of medical men, and by convincing arguments pave the way for the introduction of large improvements in the mode of curing, and checking the inroads of, these diseases."

DORSET COUNTY CHRONICLE, *Sept. 10th, 1846.*

"The perusal of this interesting volume has convinced us that, however we have been accustomed to consider consumption as incurable, yet if, under skilful advice and superintendence, the author's treatment be adopted before the disease has made too great inroads on the constitution, that it may be arrested in its course, and its victims—often the fairest and brightest portion of our population—he spared to be the ornaments of society."

NOTTINGHAM MERCURY, *Sept. 24th, 1847.*

"Dr. Maddock has deserved well of his country and human nature in general for the attention he has bestowed on this important subject, and the mass of evidence he has brought together in its favour in the volume now before us. A more than ordinarily attentive perusal of this work enables us to recommend it with the greatest confidence to our readers. To many families it will prove, we are convinced, an inappreciable boon."

KENTISH INDEPENDENT, *June 19th, 1847.*

"Inhalation, as a means of staying the ravages of that fearful malady which too often cuts off the fairest and best of the family—which seems as though with a demoniac choice to seize upon the most beautiful flowers—which has been characterized in continental countries as the death of the elect—is, we believe, beginning to be accepted by the profession; but medical men are, as a rule, fearful of and averse to innovation; they have long considered consumption as incurable, and that belief has, perhaps, filled many a too-early dug grave. They require Pelion to be piled upon Ossa in the way of proof. As in other cases, a little 'pressure from without' is sure to be useful, and therefore we wish this work to be extensively read. Dr. Maddock deserves all credit for the moral courage with which he has bearded the lion of prejudice in his den, and for the good feeling and talent with which he has urged his system upon public notice; and we hope that he will publish case on case, meeting incredulity, which is never convinced by argument, with sledge-hammer blows, in the shape of facts, until the triumph of true science shall be complete."

WEEKLY LONDON NEWSPAPER, *Feb. 2nd, 1845.*

"A variety of interesting cases are appended to this treatise, which has now reached the second edition, incontrovertibly showing the efficacy of the practice adopted by the author; and, being a gentleman of some years' standing in the profession, and of high attainments and personal respectability, these instances of the successful results of his valuable and judicious treatment are well worthy of serious consideration by all persons interested in this particular class of diseases."

CAMBRIDGE ADVERTISER, *Oct. 6th, 1847.*

"It stands to reason that diseases which are induced by the inhaling of a noxious atmosphere—diseases of the breathing organs—can only be effectually removed by medicated inhalations of a remedial character. This truth is clearly propounded and triumphantly argued in Dr. Maddock's work, which breathes no empiricisms, but discusses the whole subject in a logical and philosophical manner, illustrating it with cases."

BATH HERALD, *Oct. 9th, 1847.*

"We can with great confidence recommend the work to our readers; its style is made sufficiently familiar to bring it entirely within the scope of the non-professional. Our medical friends will find the work of no small value to them, as indicating a mode of treatment which, with the blessing of Providence, may be the means of removing a stain from our system of medicine, and of banishing the dogma 'consumption incurable' to the region occupied by exploded vulgar errors."

BIRMINGHAM MERCURY, *Nov. 19th, 1853.*

"We do not wonder at such a work as this speedily attaining its fourth edition, and it is destined, in our opinion, to go through several more."

BRISTOL MERCURY, *Nov. 1st, 1851.*

"We observe that the author does not set up inhalation as an invariable specific, but is content with mere philosophically asserting its ascertained value as a remedial agent, the employment of which may often be attended with complete success or partial advantage. . . . Dr. Maddock writes clearly, his volume being calculated to be alike useful to the professional, and intelligible to the general reader."

BEDFORD TIMES, *Oct. 31st, 1846.*

"There seems a disinclination on the part of many to adopt any other than the drenching system to cure all diseases; but it appears to us so very rational that a remedy by inhalation must be more rapid in its effects—more easy of application—and less liable to affect other parts of the system. With this view we may be excused for urging those who feel an interest in the subject, either from painful participation in the disease, or from motives of sympathy for the sufferings of others, to read this work, and give a fair examination of the theory."

HULL ADVERTISER, *Oct. 15th, 1847.*

"If the lungs be diseased let them be brought under direct treatment, which can only be done by inhalation. But this is an innovation on the faith and practice of M.D.s ancient and modern. *Æsculapius* prescribed it not, nor *Abernethy*, nor *Sir Ashley Cooper*; and this doubtless will prove, as to a considerable extent it has already proved, a great hindrance to its general adoption. But facts will ultimately gain ground, excite curiosity, and lead to experiments. Prejudice is simply a usurper, and its dominion temporary. The author details many cases of recovery, and either his statements must be gainsaid, or the voice of the public to every practitioner will be, 'Go thou and do likewise.'"

BRISTOL TEMPERANCE HERALD, *March, 1847.*

"This is a truly valuable work on a most important subject, written in a style at once clear and intelligible, treated at the same time with much skill, and calculated to confer a great blessing upon society at large."

LEEDS INTELLIGENCER, *Dec. 6th, 1851.*

"We believe that the original invention of the screw-propeller was abandoned many years ago, because on experiment it was a failure; yet the principle, after lying unthought of for many years, was again tried, and all the world knows the result. Whether a similar fortune is in store for inhalation as a means of exhibiting we will not venture to opine; but we are far from sceptical on the point; and at all events we can say that *Dr. Maddock's* book contains matter of a highly interesting nature, and its exposition will carry conviction to most minds."

SHEFFIELD INDEPENDENT, *Nov. 11th, 1854.*

"If repeated calls from the public are any guarantee, *Dr. Maddock* may boast that this is the fifth edition; and we think that the popularity of the work is owing much to the fair and faith-producing manner in which it is written. . . . *Dr. Maddock's* work demands of the faculty a thorough trial; but whether it receives that or not, it will be read by multitudes of the people, who, feeling their lives are at stake, will not wait the medical *imprimatur*, but will make the experiment themselves. It is impossible to read the book without advantage."

LIVERPOOL STANDARD, *Nov. 21st, 1854.*

Dr. Maddock is prominently and favourably before the public. He writes like a man of sense, and enforces his arguments as if he believed in their truth, and was merely desirous of having that truth established."

BUCKS CHRONICLE, *Nov. 18th, 1854.*

"An attentive perusal of this work leaves a firm opinion of the author's ability and experience; and the mode of treatment by inhalation appears so natural and conclusive to the accomplishment of its purpose, that it becomes

one of the most important discoveries of the age. Dr. Maddock's known talent is a recommendation to his treatment; and the practice he has so long enjoyed is a sufficient proof that he is becoming of universal benefit to a large portion of our suffering people. . . . Let us now hope that these dreadful diseases may be arrested—that the cherished friend and the beloved child may be spared us, instead of being plucked unripe from their promising blossom by the unseen power so deadly in its influence, to wither in our gaze, and to sink into rapid decay. Let us hope that the prejudices which have so long fettered the efforts of those who are willing to give up their time, and their own health, in investigating the cause and discussing the remedy of the effect, will speedily disappear; and in their stead that a growing support and an active co-operation on the part of the profession and the public will assist and repay their endeavours."

EDUCATIONAL TIMES, *Nov. 1854.*

"We conceive all persons who have the care of children, whether parents or masters and mistresses of schools, should be apprised of Dr. Maddock's facts, arguments, cases, and treatment. We beg to congratulate him on the fifth issue of this work, and hope he will continue to be successful in the alleviation of suffering."

DERBY MERCURY, *July 30th, 1856.*

"The cases stated afford ample guarantee of the efficacy of Dr. Maddock's treatment, which cannot fail to prove of immense service to many thousands of afflicted persons. Dr. Maddock's high standing in his profession well deserves to receive all the impetus towards a still higher point which this volume will doubtless give to it. It merits a wide circulation both on account of its great scientific interest as well as its practical usefulness."

HASTINGS NEWS, *Aug. 15th, 1856.*

"It is valuable as an illustration of what seems to be a successful method of treating several dangerous diseases of the chest. The treatment has, *à priori*, something in it more reasonable than most curative systems adopted for the same purpose; and these published facts are full of weight and significance."

GLOUCESTER JOURNAL, *June 7th, 1856.*

"Dr. Maddock's work appears to be eminently worthy of the notice of the profession and the public generally."

NORFOLK CHRONICLE, *June 14th, 1856.*

"The work is written in a dispassionate and earnest manner, with a remarkable absence of anything like arrogance or dogmatism in the enunciation of his views. The cures are carefully, clearly, and, apparently, very impartially stated."

HEREFORD JOURNAL, *Sept. 3rd, 1856.*

"If we add to this a testimony that the subject is treated with the ability and candour of a skilful practitioner and a gentleman, we shall have said all that we feel called upon to say in the way of criticism."

BLACKBURN STANDARD, *Nov. 16th, 1854.*

"We certainly agree with the author that a large proportion of cases pronounced hopeless under the old system of treatment may be either effectually cured or greatly relieved by the *modus medendi* he describes."

DONCASTER CHRONICLE, *Nov. 17th, 1854.*

"It is indisputable that medicines given by the stomach to suppress cough often destroy the digestive organs. The new method of treatment by inhalation is, it appears, free from such objections as these. It not only does not irritate, but soothes; does not in the least degree interfere with diet or digestion; is not in the slightest degree inimical to the general constitution; and may be employed with advantage in all ages, and in all times and seasons. The value of such a mode of treatment is inestimable."

WELSHMAN, *Nov. 17th, 1854.*

"Dr. Maddock's plan of treatment is the most promising of all medical systems. We can recommend the volume to the attention of such of our readers as unfortunately need the aid it offers."

LIVERPOOL COURIER, *Nov. 1st, 1854.*

"The author has conferred a real benefit upon his species by giving to the public the method and details of his successful mode of treating pulmonary, bronchial, and throat diseases."

EDINBURGH EVENING POST, *Sept. 17th, 1856.*

"The work is evidently based upon sound and enlarged views of the diseases with which it deals, and the facts to which Dr. Maddock refers bear intrinsic evidence of their truth, and are such as to command general attention."

LINCOLNSHIRE TIMES, *Nov. 25th, 1856.*

"We cannot but laud the perseverance of Dr. Maddock, and do our best to further his object, for his book bears the stamp of honesty and skill. Its perusal will beget, in even the most prejudiced, the conviction that he is a practical and experienced man. He writes simply and honestly; and, content with explaining the rationale of his system, allows the cases of its successful application to speak for themselves. . . . We cannot doubt that it ought to be hailed by the medical profession, and by the public generally, as a beneficent illustration of medical advance—the best method of combating these diseases."

SHROPSHIRE CONSERVATIVE, *May 9th, 1857.*

"We only wonder that the system Dr. Maddock advocates is not more extensively used; we hope for the sake of suffering humanity it will be, and wish him a continuance of the success which has hitherto attended his efforts."

SALISBURY JOURNAL, *May 9th, 1857.*

"We can confidently recommend it to the study of the medical profession, and to the attention of the public generally."

DERBY TELEGRAPH, *May 23rd, 1857.*

"Dr. Maddock is a man of undoubted talent, and of high standing in his profession, and the community owe him a deep debt of gratitude for making public the means he has adopted for relief from the fearful maladies on which his work treats. We are not at all astonished to find that it has been republished in America."

RETFORD ADVERTISER, *May 23rd, 1857.*

"The treatment is founded on plain, sure, and intelligible grounds, and we fearlessly assert that Dr. Maddock has rendered an essential service, not only to the profession of which he is so eminent a practitioner, but to suffering humanity."

COURT JOURNAL, *Nov. 8th, 1851.*

"It is well known that the treatment of chest-diseases has always been the difficulty of medical men, and the plan proposed in the treatise, of *inhaling a remedy* in place of outwardly applying it, is based upon such sound principles that we feel no surprise at hearing that the old systems of treating pulmonary complaints are gradually giving way, and that the plan suggested by Dr. Maddock is becoming more generally adopted. The cases alone which are appended to the work are worthy of attentive perusal, proving to demonstration the invaluable nature of the treatment by inhalation, which has been the means of restoring to health many who would otherwise have fallen victims to what in popular language would have been called incurable consumption. In wishing, therefore, that such a work should meet with a wide circulation, we only desire to promote the interests of suffering humanity. We recommend it with the greatest confidence, and entertain no manner of doubt that it will be the means of saving thousands from a premature grave."

WINDSOR AND ETON EXPRESS, *Oct. 28th, 1854.*

"We are personally acquainted with instances in which Dr. Maddock's treatment has been followed with great success."

PLYMOUTH JOURNAL, *July 24th, 1856.*

"So conclusive is the reasoning of Dr. Maddock, and so clearly does he show that almost every stage of pulmonary consumption, bronchitis, and other affections of the air-passages and lungs may be cured, that, were we ourselves afflicted, we should certainly at once consult him; and to those who are suffering we strongly recommend this treatise, feeling certain that the proofs which are adduced in support of the practice advocated must appear to any unprejudiced person most convincing."

Equally favourable notices have appeared in the 'Church and State Gazette,' Nov. 2, 1844; 'Bell's Old Messenger,' July 13, 1844; 'Era,' June 23, 1844; 'Court Gazette,' Nov. 16, 1844; 'News of the World,' Sept. 28, 1845; 'Cheltenham Chronicle,' Nov. 13, 1845; 'Bell's New Weekly Messenger,' July 2, 1845; 'Watchman,' March 12, 1845; 'Wesleyan Times,' Feb. 19, 1845; 'British Friend of India,' for March, 1845; 'Kent Herald,' Nov. 10, 1846; 'Hertford County Press,' Jan. 24, 1846; 'Cheltenham Examiner,' March 4, 1846; 'Kentish Gazette,' Jan. 23, 1846; 'Guardian,' Feb. 25, 1846; 'Rochester Gazette,' Dec. 15, 1846; 'Somerset County Herald,' Oct. 16, 1847; 'Derbyshire Courier,' Oct. 30, 1847; 'Newcastle Courant,' Oct. 29, 1847; 'Kentish Observer,' Oct. 14, 1847; 'Dover Chronicle,' Oct. 9, 1847; 'Cheltenham Journal,' Oct. 25, 1847; 'Bath Journal,' June 5, 1847; 'Westonian Mercury,' Oct. 16, 1847; 'York Courant,' Oct. 14, 1847; 'Cheltenham Free Press,' Oct. 4, 1851; 'Chelmsford Chronicle,' Oct. 31, 1851; 'Leader,' Nov. 29, 1851; 'Stockport Visitor,' Oct. 16, 1853; 'Southern Times,' Dec. 24, 1853; 'Plymouth Mail,' Sept. 17, 1853; 'Exeter Flying Post,' Jan. 5, 1854; 'Plymouth Times,' Oct. 7, 1854; 'Wakefield Express,' Dec. 16, 1854; 'Boston and Spalding Express,' Oct. 17, 1854; 'Pembrokeshire Herald,' Oct. 20, 1854; 'Derbyshire Advertiser,' Oct. 27, 1854; 'Liverpool Albion,' Nov. 13, 1854; 'Brighton Gazette,' Oct. 12, 1854; 'Darlington Times,' Oct. 26, 1854; 'Lancaster Guardian,' Oct. 21, 1854; 'North Wales Chronicle,' Nov. 11, 1854; 'Weston-super-mare Gazette,' Oct. 21, 1854; 'Leicester Advertiser,' Nov. 11, 1854; 'Sherborne Journal,' Nov. 9, 1854; 'Bristol Times,' Nov. 25, 1854; 'Nottingham Guardian,' Oct. 19, 1854; 'Newcastle Guardian,' June 14, 1856; 'Glasgow Examiner,' July 5, 1856; 'Sunderland Herald,' May 8, 1857; 'Bristol Advertiser,' May 9, 1857; 'Shrewsbury Chronicle,' May 22, 1857, &c. &c. &c.

NEW WORK BY DR. MADDOCK.



PREPARING FOR PUBLICATION.

ON

THE INFLUENCE OF AIR AND WEATHER

UPON

LIFE, HEALTH, AND HAPPINESS,

WITH AN EXAMINATION INTO

THE CLIMATES OF VARIOUS PLACES OF RESORT,

At Home and Abroad.

PULMONARY CONSUMPTION,

BRONCHITIS, ASTHMA, CHRONIC COUGH,

AND VARIOUS OTHER

DISEASES OF THE CHEST,

SUCCESSFULLY TREATED BY

MEDICATED INHALATIONS.

BY

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GRADUATE IN MEDICINE AND SURGERY OF THE UNIVERSITIES OF ROSTOCK (PRUSSIA),
PHILADELPHIA (UNITED STATES), GIESSEN (GERMANY), ETC. ETC.;

AUTHOR OF A TREATISE ON "NERVOUS AFFECTIONS," AND A SERIES OF PAPERS
ON THE "INFLUENCE OF AIR AND WEATHER UPON
THE MIND AND BODY."

(REGISTERED UNDER THE NEW MEDICAL ACT.)

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ILLUSTRATED WITH ORIGINAL AND SELECT CASES.  
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SEVENTH EDITION.

LONDON:

SIMPKIN, MARSHALL, & CO., STATIONERS' HALL COURT;

H. BAILLIÈRE, 219, REGENT STREET.

MDCCCLIX.

THIS VOLUME

IS

Dedicated to the Memory

OF THE LATE

HENRY MADDOCK, M. P.,

BARRISTER-AT-LAW,

(AUTHOR OF THE 'PRACTICE OF THE COURT OF CHANCERY,' 'CHANCERY REPORTS,'
'LIFE OF LORD CHANCELLOR SOMERS,' &c., &c.)

A SLIGHT TRIBUTE OF

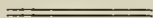
REVERENTIAL FEELING AND UNCEASING AFFECTION,

BY

A DEVOTED SON.

P R E F A C E

TO THE PRESENT EDITION.



SINCE the publication of this work in the year 1844, five large, and four abridged, editions have been disposed of. The seal of public approval having thus been set upon the book, I have endeavoured (so far as my little leisure time has permitted) to increase the value and importance of its contents, by concentration, substitution, and correction. What I mean by *substitution* is, the throwing out several chapters upon subordinate subjects, and replacing them by other matter, more immediately bearing upon my theme, i. e. the rationality, philosophy, and practical result of Medicated Inhalations.

It is not my intention to enter upon any hypothetical speculations—my only object being that of rendering the work of a purely *practical* character. The observations I shall offer are not the creatures of imagination, or the theories of the closet; they are promulgated under the sole patronage of NATURE and TRUTH.

I am gratified in being enabled to state that an enlarged experience, derived from a more extensive practice in affections of the chest than usually falls to the lot of an individual, has tended to confirm the opinion which I expressed in the first edition of this treatise, viz.—that no plan which has ever been proposed for the treatment of pulmonary, bronchial, laryngeal, or tracheal diseases, is so natural in its action, so complete in its application, and so successful in its results, as the inhalation of medicated vapours, when conjoined with general remedies.

I say “conjoined with general remedies,” for, although the direct application of medicines to the diseased organ by Inhalation is the only means by which affections of the chest can possibly be effectually reached and acted on, it must ever be borne in mind that I do not exclude such other measures as the progress or other circumstances of the case suggest or admit; conscious, to quote the language of Horace,—

“——— Alterius sic
Altera poscit opem res, et conjurat amice.”

There are many sympathetic affections, as functional derangement of the bowels, liver, suppression of accustomed secretions, &c., which not only add greatly to the patient's distress, but, if overlooked, would retard, or altogether frustrate, a recovery. These complications, it is hardly necessary to say, require the administration of routine remedies.

The great Samuel Johnson has remarked that "Truth is feeble when it stands alone;" and as it may be inquired (and very naturally so) whether other physicians have tested and verified the efficacy of the treatment by Inhalation, I have on the present occasion extracted many observations and cases from the writings of several eminent authorities which incontrovertibly prove its success in arresting disease, in restoring to health patients who had for years been steadily declining, and in rescuing from a premature grave those who had been, by the common consent of medical men, of friends, and of themselves, pronounced irretrievably its victims.

In any merit that may be given me, I am proud and honoured in associating with myself such talented and respected members of the profession; and it is always most pleasing and satisfactory to me to quote the experience and testimony of others in regard to Inhalation; not only as a flattering support to my views and opinions, but as affording an additional basis for a correct judgment on the part of my medical brethren.

It is with no little pleasure I can inform those readers who take an interest in the treatment by Inhalation, that it is now extensively and successfully practised in France, Germany, Russia, and America. In the latter country this work has been reprinted and edited by Dr. Green, and with the happiest results—so much so, that since the introduction of this mode of practice there has been a

steadily decrease in the mortality from pulmonary diseases.*

I have endeavoured to render the work interesting to the general as well as the professional reader; but without, I hope, descending from the dignity of a philosophical discussion. It may be objected that in my writings I have occasionally wandered from the direct line of my profession, and addressed myself to the non-medical reader. Should it be so, I do not think that there is reason for me to be *ashamed*, but rather to be *afraid*, to tread in the steps of a Hufeland or a Beddoes.† Indeed the spirit of inquiry is so much abroad in these times, that people *will know*, even in professional matters, the “why and wherefore,” and what to accept and what to reject; and it is my desire, to adopt the expressive language of the late learned and honoured Dr. Armstrong, “not to attack individuals, but openly to oppose systematic and established errors; ay, and, if possible in the accumulated strength of this

* In reference to this important fact, the Editor of the New York Medical and Surgical Journal writes thus:—“On the remarkable decrease in the number of deaths from consumption in New York since the introduction of inhalation, it is scarcely necessary to add anything to the annual reports of the City Inspector for the past three years. By reference to these it will be seen that there were, in 1854, 3032 deaths from this disease. In 1855 these were reduced to 2624, while during the past year there has been a still further diminution, the number being 2421, showing a salvation of human life exceeding 600 souls in a single year, from what would have been the mortality had the ratio continued the same as before the introduction of this treatment; and this, too, without taking into consideration the increase of population.”

† Vide Hufeland, ‘L’Art de prolonger le Vie,’ and Beddoes, ‘Hygiæna.’

age, to grasp, and rend, and wrench away the forms and the fooleries, the mysteries and the mummeries, by which the practice of physic has been encumbered and obscured, and to present it in the plain and palpable simplicity of common sense.”—(*Lectures on the Theory and Practice of Physic.*)

The great obstacle which every medical discovery has to contend against is the difficulty—amounting almost to an impossibility—of making the public acquainted with its real nature and tendency. For this reason, as well as from a real feeling of gratitude, I cannot omit to again offer my sincere thanks to the Press for their very cordial efforts in disseminating a knowledge of Inhalation, and their general testimony as to the soundness of my views. Such powerful influences can scarcely fail to permanently and effectually establish it in public favour. If the truth, or half the truth, were universally known, there would not be, I sincerely believe, a patient afflicted with disease of the respiratory organs, throughout the whole United Kingdom, who would not feel that in Inhalation, and in it alone, he had a rational and well-founded hope of recovery.

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P R E F A C E

TO THE FIRST EDITION.

THE Author of the following pages has devoted, for many years, his particular attention to complaints of the lungs and heart, and the practicability of producing healthy changes on diseased structures of those organs, by the inhalation of vapours containing the active or curative principles of medicinal substances. During the period referred to, the Author noted down in his Case Book the results of this mode of treatment; and, in the course of his readings from time to time, added, from various sources, the opinions and experience of other practitioners, who had adopted a somewhat similar treatment. These scattered facts and observations he has now revised and collected in the present Treatise, with the hope of directing more general attention to this efficient remedial agent, which has been so unaccountably overlooked by a great majority of his professional brethren.

As it is probable that the work, from the interest and importance of the diseases on which it treats,

will be perused by many non-medical persons—for anything calculated to throw a ray of light on their treatment, or the hope of arresting their hitherto unchecked career, must be interesting to the public as well as the profession—it has been the wish of the Writer to explain, in as clear and familiar a style as possible, intelligible alike to all classes of readers, the principles upon which the practice of Inhalation is founded, as well as the various remedies employed, and the best mode of using them.

It is the Author's opinion, that a work intended for the advancement of any science should be so far professional as to be readable by the professions, and so far popular as to be interesting to the man of general intelligence; and he fully concurs with the late Dr. Currie, "that it were better for medicine, like other branches of natural knowledge, to be brought from its hiding-place, and exhibited in the simplicity of science and the nakedness of truth." When a medical treatise, like the present, is free from technicalities in its terminology, a benefit is conferred on society, by enabling a patient to become a critic in his own complaint; and thus, many persons are not only prevented from falling victims to error in the treatment, or placing themselves in improper hands, but are instructed how to take care of their health, and are rendered more observant of their own altered sensations, as indications of approaching disease; and also capable of giving accurate information, whether they con-

sult personally or by letter, as to the seat and signs of disordered functions, and those leading facts which regulate professional opinion—which they could not satisfactorily communicate, without the previous knowledge that such writings impart. More especially has the Author been induced to make the public acquainted with the rationale of Inhalation, from the fact that a great majority of his professional brethren have refused, or neglected, to ascertain the truth of the assertions and experience of those practitioners who have adopted this important remedial agent,—and have remained content with denying, when it has been a duty they have owed to themselves and their patients to have examined.

It is not, however, to be expected that the generality of mankind, in the event of inactivity or supineness on the part of their medical advisers, should look on with indifference, and refrain from using their own individual exertions towards promoting the more common employment of a remedial agent, by which, in some cases, if not universally, a chance may exist of staying the mighty havoc which complaints of the chest make in our domestic circles; and snatching from the tomb some at least of its annual victims.

But while divesting the Treatise, as far as practicable, of professional technicalities, it must be distinctly understood, that it is very far from the intention of the Author to recommend self or

domestic treatment. No friend to his species would advise the uninitiated to treat those diseases which have hitherto baffled the skill of the physician. When the varied resources of the medical art have been found unavailing, the best devices of persons ignorant of the principles and practice of medicine are only likely to hasten a fatal termination.

The Author hopes that any inaccuracies of style, or other defects, will be considered by the reader with indulgence; for, in the midst of those active and important duties which daily devolve upon him, he has but little leisure left for literary occupation, but it appeared to him better to attempt to do good—even though it be done in an imperfect manner—than not to do it at all.

In conclusion, the Author claims no merit beyond that of promoting and extending this invaluable means for the direct local application of remedies; and if his humble labours tend to prolong the life, or alleviate the sufferings, of one of his fellow-creatures, he will think them amply repaid.

A. B. M.

January, 1844.

P R E F A C E

BY THE EDITOR OF THE AMERICAN EDITION.

(ABRIDGED.)

WITH pleasure we introduce an American Edition of Dr. Maddock's celebrated work on the efficacy of Medicated Inhalations in Diseases of the Chest. We do it, we say, with pleasure, because whatever knowledge can be promulgated that will bear directly against these complaints, and especially against that most dreadful and fatal of them all—Pulmonary Consumption—should be freely and unhesitatingly tendered. In England the work has elicited universal praise, several large editions having been sold almost as soon as they were issued from the press; and it is presumed that the undeniable truths which the volume contains, if republished in this country, will not only meet the approval of all candid and inquiring minds, but also become eminently useful.

Dr. Maddock has had very extended experience, and the successful cases here reported by him—some fifty in number—must present to any unprejudiced mind the most satisfactory evidence of the

decided superiority of Inhalation over the ordinary mode of treatment.

Routine practice—aptly called by Dr. Elliotson the “old jog-trot system”—it must be admitted, is utterly useless in a curative, and, generally speaking, in a palliative point of view, in diseases of the respiratory organs, as evidenced by the Report of the Committee to whom was referred the consideration of Tuberculous Complaints, before the American Medical Association which assembled in May, 1853, in New York. Dr. D. F. Condie, of Pennsylvania, reported that the committee “had considered the subject very attentively, and the more they did so, the more they doubted the generally-received opinions regarding Tuberculosis, both as to its causes and treatment.” In the face of these facts can any liberal-minded practitioner hesitate to give Inhalation an impartial trial?

It is not unknown to us that some physicians, having little or no practical knowledge of Inhalation, find a brief mode of avoiding inquiry or explanation, by condemning it in toto; but we are gratified in being enabled to report that numerous practitioners in this city, and throughout the Union, have extensively employed this great remedial agent, and have pronounced it to be a most efficient auxiliary—nay, a *sine quâ non*—in the treatment of all affections of the thorax.*

* The Editor of the New York Medical and Surgical Journal (Jan. 1, 1856), says “The profession, almost as a body, now recognises the necessity

Among other celebrated physicians, Dr. Jenner Coxe, of this city, has published an interesting work on Inhalation, in which he gives many instances of its curative influence, not only in the cases of others, but in that of himself. "In reference to my own case," Dr. C. says, "which was the first in which I employed Inhalation, it may not be amiss to state that, for years, I had given an ample trial to all the remedies which were suggested by many of the most experienced American and French physicians, without being able to effect more than an alleviation of the most distressing symptoms attendant upon a chronic disease of the mucous membrane of the larynx and trachea." After narrating numerous examples of recovery, Dr. Coxe concludes thus:—"I hope that I have now convincingly proved that medical Inhalation is not only peculiarly applicable, but that it has displayed

for a radical change in the old treatment of diseases of the lungs, and we are convinced that the change must be an adoption of the direct application of medicines to the seat of disease, through the instrumentality of *medicated inhalations*. As an evidence that we do not over-estimate either the extent or the influence of these recent adhesions to our views and practice, we would mention among those who, to our knowledge, have of late prescribed inhalation—Dr. Sayre; Dr. Alex. B. Mott; Professor Horace Green, of the New York Medical College; Dr. Cammann, and Professor Alonzo Clark, of the College of Physicians and Surgeons of this city; Professor Dixi Crosby, of the Vermont Medical College; and Dr. Bowditch, of Boston.

"These gentlemen all occupy a very high position in our profession, and cannot be supposed to act from other than a strong conviction of the value and excellency of the practice. However injudicious may be many of their early experiments, and frequent their failure from the want of that guiding knowledge which practical instruction or long experience alone can give, we cannot but regard this as the dawning of great and important changes in the practice of medicine."

unequalled remedial powers, in the cure of pulmonary, bronchial, laryngeal, and tracheal diseases.”

We might multiply quotations from the experience of distinguished medical men, respecting the happy effects to be derived from Dr. Maddock’s mode of treatment; showing that, as a feature in judicious practice in the treatment of diseases of the respiratory organs, it stands pre-eminent; but to do this would be superfluous.

We cannot, however, refrain from alluding to the two following cases which have recently fallen under our observation:—

Dr. R., late of Bermuda, with a family of seven children, removed to Philadelphia some six years ago. Since then, all but himself and one daughter have been the victims of phthisis pulmonalis, although our best medical aid was employed. The remaining daughter was most evidently following those departed, when, medical inhalation coming under Dr. R.’s notice, he determined to give it a trial. Happy results ensued, the alarming symptoms passed away, former health was regained, and she is now permanently restored.

Mr. V. H., of Philadelphia, had been affected with chronic bronchitis for years. The right lung was also involved, and hæmoptysis had occurred several times. He had been under varied treatment without success, and for some years past had been unable to leave his room during fall and winter. By adopting medical inhalation he found immediate

relief, and during the past winter was enabled to attend regularly to out-door business. He speaks of the advantages thus derived as being "far beyond his expectations."

Dr. Maddock states, in which we concur, that, in many of the cases where inhalation has been unsatisfactory, it has been owing to the imperfect instruments used, and to the administration of improper remedies.

We adopt the inhaling apparatus so successfully used in the practice of Dr. Maddock, and other eminent medical gentlemen who employ inhalation in England. The apparatuses with small mouth-pieces, such as are now used in this country, always induce fatigue in the respiratory organs, and are apt to bring on a succession of violent coughings; but Dr. M.'s instrument does not occasion fatigue, or impose the slightest exertion; requiring during inhalation no more effort than ordinary breathing. Success could not be expected to attend the process with the imperfections of the ordinary inhalers, neither is it to be supposed that an injudicious selection from the various remedies can be more satisfactory.

To close our present remarks, we will observe, in reference to morbid conditions of the lungs and air-tubes, that with the adoption of the method of treatment now under consideration everything is to be anticipated, but without it nothing can reasonably be expected, as past experience has too fully demonstrated.

ON
MEDICATED INHALATIONS
IN
AFFECTIONS OF THE CHEST.

FROM the earliest ages, Consumption, and the numerous other diseases to which the lungs and breathing tubes are subject, have engaged the attention, and prompted the unremitting study, of medical writers of the greatest eminence—many learned disquisitions have been penned upon the pathology and diagnosis of those complaints—but when the subject of *treatment* has been entered upon, the tone has invariably been hopeless and desponding.

The utmost variety of opinion has been expressed as to the probable, or rather possible, efficacy of the different remedies which have from time to time been suggested—remedies which, we fear, it must be admitted have hitherto done but little to advance the reputation of the profession, or to lessen the amount of human suffering and mortality. “If,” said the late Dr. Paris, “we turn to the pages of Etius or Celsus, and contrast their methods of treatment with those of the present times, we shall have no cause, perhaps, to boast of our superiority.” And Sir James Clarke observes,

“We have no reason to believe that the physicians of the present day are more successful than their predecessors were ten, nay twenty, centuries ago.” Indeed, the impression usually entertained, both by the profession and the public, appears to be, that consumption is certain death, and that the well-known sarcasm of the great Samuel Johnson is nearly realized,—“Physic is but a meditation upon death.”

As evidence of the prevalence and fatality of pulmonary disease, I need but refer to the bills of mortality, now carefully prepared under the able superintendence of my friend Dr. Farr, by which it will be seen that, on an average, *seven* thousand six hundred and forty-seven deaths annually occur in the metropolis from consumption, and about *sixty thousand* in the whole of Great Britain; and if to these are added numerous other complaints of the respiratory organs and of the heart, it may be fairly estimated that *one-half* of the deaths in these climates depend on diseases of the chest.

When we recollect the delicate organization of the lungs—that every minute of our existence we inspire and expire upon an average thirty-six times, which movements commence at birth and continue without cessation until death—and when we remember how the lungs receive blood from the heart, varying in quantity and quality, and how they are operated upon by a changeable atmosphere, impregnated with injurious vapours and loaded with hurtful particles, we can experience no surprise at the universality of pulmonary disease. But however easily we may be able to account for the prevalence of consumption, the admitted fact, that sixty thousand persons are computed to die of it annually in Great Britain, assuredly demands the serious attention of the faculty.

Bearing in mind, then, these fearful truths, and the impossibility, under the ordinary treatment, of curing, or even staying the progress of, this mighty disease (whose terrible inflictions have rendered desolate so many thousands of happy homes, and whose ravages have rather increased than diminished with the advance of civilization and luxury), it may be fairly presumed that any remedial means calculated to avert the fatal termination of this destroyer of our fellow-creatures will be hailed as an invaluable boon; and that individual must, indeed, be inaccessible to the dictates of common humanity, who does not embrace every opportunity of directing attention to any circumstance, or mode of treatment, which may be calculated to accomplish that important object.

Endued with these feelings, it is a source of unmingled satisfaction and pleasure to me to be able confidently to state, that there is now a well-grounded hope of recovery for the afflicted, and that consumption is no longer to be considered beyond the reach of the medical art—as the *opprobrium artis medicinæ*. Science has at length fairly grappled with this inveterate enemy to mankind, and has triumphed. I shall incontrovertibly show, not by *theoretical speculations*, but by *facts* furnished by the experience of not only myself but of many highly talented practitioners, that pulmonary consumption, in certain stages of the disease, is positively curable, and that under the most adverse circumstances it is possible to afford extraordinary alleviation of suffering by a judicious use of medicated inhalations.

At the same time it is proper to remark that I disclaim any pretension to actual novelty in the advocacy of this mode of treatment. It has been said that knowledge is

a circle in motion, the same things every now and then turning up and down in the revolutions of time. Inhalation bids fair to share this common fate, for, as I have shown in my former treatises, it was practised by the ancients, in whose hands it failed, not because it was wrong, but partly because an improper mode of administration was adopted, partly on account of its being resorted to at improper stages of the disease, and chiefly from the absence of the necessary curative properties in the vapours which were used. The system was a right one, but it was improperly applied. The chief difference between the ancient system and that recommended in these pages will be found to consist in a simplification and improvement of the old mode of exhibition, and the adoption of new and important remedies discovered by modern science.

But while I confidently assert that consumption may be cured, let it not be supposed that I regard inhalation as a catholicon, possessed of the power of overcoming the disease in every stage, and under all circumstances. I am too well aware of the extreme danger always attending this malady to advance such a statement, which would be contrary to the results of my experience and inimical to the cause of truth. I fully admit the formidable character of pulmonary disease, and the utter uselessness, in very many instances, of the best directed efforts to oppose its progress; but, surely, occasional failures cannot be used as an argument against my mode of treatment, inasmuch as all remedial means are sometimes found to fail in liver, stomach, and various other diseases which usually succumb to the power of the healing art.

As to the *rationale* of inhalation—it will be at once evident to *any* person who will give the matter one minute's consi-

deration, that this plan of treatment is based upon strictly scientific and correct principles,—for it requires no professional learning to perceive that remedies must necessarily be more effective in diseases of the lungs, when introduced into the whole of the aërial cavity of those organs, than when exhibited through the stomach, where they must undergo great and unknown changes, from the process of digestion, &c., and can only reach the seat of disease by means of the circulation.

But, in order to prevent any misconception on the matter, I deem it expedient in this place explicitly to repeat that, although I am no advocate for *drenching* the system with powerful and uncertain medicines, I do not *entirely* discard those in general use, many of which, with due caution and circumspection, may be occasionally employed as auxiliaries to inhalation,—regard being paid to the varied symptoms and constitution of the patient,—with the greatest benefit. I say *caution*, for it is indubitable that many medicines which are commonly administered in these cases for suppressing coughs, &c., are with difficulty acted on by the stomach, and produce irritation of the lining membrane of that organ, and, as Andral, Larroque, Johnson, and others besides myself have observed, thus do irreparable mischief to the system generally; for the injurious effects of such medicaments frequently not only destroy the stomach and all that was previously sound, but actually increase the cough and pectoral suffering which they are intended to alleviate.

I rejoice for the sake of suffering humanity that of late years I have gained the approbation and support of numerous medical men in all parts of the United Kingdom, from whom

I formerly met with a share of that opposition which almost every new invention or mode of treatment, however valuable, has been fated to encounter; and I cannot but feel extremely gratified that the opinions I have so long held upon the merits of inhalation should at length be more fully supported by my professional brethren.

Notwithstanding this encouraging fact, it must be admitted that egotism, bigotry, tenacity of preconceived notions, are *still* too frequently found organizing themselves into phalanxes of opposition to every new mode of treatment. Nor is this persecution of philosophy peculiar to our own times. An able writer¹ truly remarks—the reception of the discovery of the circulation of the blood, and of vaccination, may abundantly assure us on this point: “John Aubrey tells us he had ‘heard Harvey say that, after his book on the Circulation of the Blood came out, he fell mightily in his practice; ’twas believed by the vulgar that he was crack-brained, and all the physicians were against him.’” He was derisively called “the circulator,” and his views were at first rejected almost universally. The older intellects, in possession of the seats and places of authority, regarded them as idle dreams. They were publicly assailed by a Dr. Primerose, a pupil of Joannes Riolanus, the distinguished professor of anatomy in the University of Paris; by Riolanus himself; by Parisanus, a physician of Venice; and by Caspar Hofmann, the learned and laborious professor of Nuremberg, whom Harvey visited in vain for the sake of demonstrating to him the truth of his discovery. And Veslingius, professor in the University of Padua, and one of the best anatomists of the age, addressed two letters to Harvey, in which he states his objection to the new doc-

¹ Editor of the Westminster Review—Number for April, 1856.

trine.¹ Such was the truth-discerning power of the great intellectual lights of medicine in Harvey's day. Wonderful to relate, the London College of Physicians, which had the good fortune to own him as their illustrious member and benefactor, did not distinguish itself by any opposition to his revolutionary doctrine. Corporate pride probably sharpened their perceptions so far as to enable them to appreciate the honour which association with their luminous member would cast around them. But what shall we say to the great Harvey himself, who opposed to the last Aselli's important discovery of the lacteals and lymphatics, vessels which are absolutely necessary to complete his own theory! Jenner's discovery met with a no less formidable opposition than did that of Harvey; and in both cases opposition failing to stop the triumph of truth, detraction was resorted to: the circulation of the blood being admitted, it was asserted to be "none of Harvey's discovery; the fact was so, but it was of no great moment in itself, and the merit of arriving at it was small; the way had been amply prepared for such a conclusion."² To deprive Jenner of his honour, ambiguous passages from old books were uncovered from the dust of libraries, and certain popular traditions, which had prevailed in some obscure province, were recalled, in order to find in them the germs of his admirable discovery.³ Paré, who first applied ligatures to arteries after amputation, was ridiculed by the French faculty of medicine for "hanging human life on a thread, when boiling pitch had stood the test of centuries." "A poor Indian discerned the use of bark; the Jesuits introduced it into England, and it was denounced as the invention of the

¹ Willis's 'Life of Harvey.'

² Ibid.

³ Renouard's 'History of Medicine.'

devil. Dr. Grœuwelt first employed cantharides internally, and no sooner did his cures begin to make a noise than he was at once committed to Newgate, by warrant of the President of the College of Physicians.

But, perhaps, it is as well there should be these drawbacks, for there is a pleasure great and supporting in the pursuit of a worthy object amid such elements of discouragement and depression. The opposition, too, which a new idea is certain to meet with serves to prevent hasty and ill-considered attempts at innovation, to keep back all but those who are fully convinced of the truth of their doctrines, and are earnest and sincere in their advocacy; and at the same time it prepares no inconsiderable portion of the reward of the man who has the courage to differ from established theories and unsound maxims, for he is ultimately both cheered and soothed by the recollection of trampling over past obstacles and difficulties, and his value is more justly estimated when his opinions are eventually received as truths, and are, as they must be, appreciated in direct proportion to the scepticism and distrust with which they were at first looked upon. Ignorance and scepticism are, indeed, the foils which set off knowledge and perseverance.

Since the publication of my last treatise on inhalation, I have had the happiness of curing, or materially relieving, many hundred cases of consumption and other diseases of the respiratory organs, in the great majority of which other means had previously failed. I have thus had abundant opportunities of further testing the value of the treatment I advocate, and am now more than ever justified in stating that, in the hands of the skilful and experienced practitioner, inhalation cannot fail to prove a highly efficacious mode of practice.

If inhalation has not succeeded in the hands of the *prejudiced* and *inexperienced* practitioner—for it is a law of nature that whatever is greatly valuable in its use must be proportionately mischievous in its abuse—the failure must not, in common justice, be attributed to the inefficiency of the system, but to the right causes—to inexperience, to a want of perseverance in this *modus medendi*, and an absence of discrimination and skill in the selection of proper cases, and to an incorrect adaptation of the remedies employed to the existing condition of the system and stage of the disease. In almost every instance that has come to my knowledge of the failure of the practice, it has arisen from either of these circumstances.

No doubt much of my own success too has resulted from constant study and treatment of affections of the chest. The division of labour and attention in the treatment of the various diseases to which humanity is liable has always been regarded as highly advantageous to the public and essential to the advancement of medical science; for we are informed by Herodotus that in ancient Egypt a special practitioner was employed for almost every complaint; at which we cannot be surprised when we recollect the multiplicity of diseases which usually occupy and bewilder the mind of the practitioner, furnishing by far too wide a field ever to be satisfactorily occupied by any individual, whatever may be his talents or attainments. Besides which, the anxiety displayed by those who have successfully practised inhalation, and the particular care and perseverance in conducting the process, and duly watching and regulating its effects, will frequently cause it to succeed, when it would fail under less careful management.

The decided curative powers of medicated inhalations I now consider as too well established to be disputed; and those readers who are unfortunately labouring under any affection of the respiratory organs will do well to consider whether they should sacrifice their health, or possibly their lives, to the ordinary “do-nothing” system, while there is so great a probability of this method, when properly applied, effecting a speedy and permanent recovery.

It is not only in Pulmonary Consumption that inhalation is available; it is equally valuable in Bronchitis, Asthma, Croup; Clergyman’s Sore Throat; Chronic, Nervous, and Spasmodic Cough; and in any acute or chronic complaint affecting the mucous membrane of the throat, air-passages, or substance of the lungs. It is also highly beneficial in many complaints of the Heart.

THE METHOD OF INHALING

is exceedingly simple ; indeed, nothing can be more so. The patient is provided with a small portable and inexpensive apparatus, called an “ Inhaler,” into which is poured a certain quantity of warm water. The remedies are then added and mixed with the fluid, and the medicated vapour is inhaled through a tube.

It is necessary that the inhaler should be so constructed that respiration may be perfectly and efficiently performed. The instruments in ordinary use are most defective in this respect, and should on no account be employed, for we have seen much injury done by the continued *effort* which they render necessary to carry on respiration. The apparatus which we employ does not necessitate the *slightest exertion or fatigue*, and may be used by the most enfeebled patients, no more effort being required than in ordinary breathing. While using the inhaler, it may be placed upon the table or the couch, and raised to the required height on a book, or in any other way that may be convenient.

During inhalation the teeth should remain a very little apart, and, the mouthpiece being gently pressed around the lips, the vapour should be breathed by the mouth, and the air exhaled through the nostrils.

The temperature of the fluid with which the remedies are mixed should be regulated (according to the nature and stage

of the disease), and with great care and judgment, and should vary from 80° to 140° Fah. When the patient is occupied out of doors, or in any way exposed to the vicissitudes of the weather, the heat of the fluid should not exceed, in any instance, 120° , the vapour of which when inhaled will not be above the *natural* heat of the surfaces to which it is applied. Attention to this point will prevent the slightest chance of producing any susceptibility to cold, which can only arise from inhalation when these considerations are disregarded.

It has been ascertained that atmospheric air at 57° of temperature, when combined, in its passage through the inhaler, with the vapour arising from

Water at 100° , afforded an inhalation of 79° .

do.	110° ,	do.	84° .
do.	120° ,	do.	88° .
do.	130° ,	do.	93° .
do.	140° ,	do.	99° .
do.	150° ,	do.	104° .

The vapour of iodine, chlorine, and other remedies, may also be disseminated through the patient's apartment, for the purpose of inhalation, by means of an apparatus called a "Diffuser." The air of an apartment is so perfectly impregnated by this contrivance, that the window curtains become bleached by the action of chlorine, and tinged blue by iodine, if these be the agents employed: hence great caution is requisite in removing the furniture before pursuing this plan of treatment. The absorption of particles diffused in the air—their admixture with the blood—and their distribution to all tissues and structures—have been clearly demonstrated by frequent experiments of MM. Magendie,

Tiedmann, and Liebig, who have detected the odour of camphor, musk, and other remedies, in the blood of animals which had been confined in an atmosphere impregnated with these substances. A certain test is afforded of the iodine vapour producing general effects on the system, by adding to the urine of patients who have thus inhaled it a few drops of nitrous acid, with a solution of starch, by which a deep blue precipitate is produced, varying in appearance according to the quantity of iodine which has been employed; I have detected this precipitate after ten minutes' inhalation, which shows how quickly iodine is absorbed into the system. There can be no doubt that the Diffuser will be found an important addition to our means for carrying on inhalation, more especially in the treatment of pulmonary diseases in very young children, for whom, as a matter of course, the ordinary inhaler is not adapted. But, while granting to the invention all the merit it deserves, I must express my opinion, that the improved inhaler (before described) is, generally speaking, much to be preferred; for the quantity and effect of the medicated vapour, when it is thus directly conveyed to the lungs, can be much better regulated and calculated on, than when the remedy is widely dispersed through the atmosphere.

It is necessary to explain to patients commencing the treatment the proper times for inhaling, for otherwise they are often tempted by the soothing and delightful sensations produced upon the irritated or painful chest (which, indeed, cannot be imagined by those who have not felt them) to have recourse to it too often; sometimes, indeed, they cannot easily be persuaded to lay it aside when no longer necessary.

C A S E S.

IN the practice of medicine, a few incontrovertible *facts*, which are the only basis of accurate knowledge, are worth a thousand *theories* or *conjectures*; the latter, when unsupported by evidence, are found to be but of little avail in the day of trial. The following cases have therefore been extracted from my minute-book, as *positive testimony* of the efficacy of medicated inhalations in the treatment of diseases of the respiratory organs.

I might have adduced a vast number of additional proofs of the success of my treatment, but, having a great aversion to a parade of cases, I shall chiefly confine myself to the narration of those instances of cure which have already appeared in my former treatises on this subject, and have been fully tested by the lapse of time. I purpose, however, at the end of the work, to append, as corroborative testimony, a few remarkable cases of recovery which have occurred in the practice of some fellow-labourers in this interesting field of inquiry.

CASE I.—CONSUMPTION.

A gentleman requested me to see one of his sons on May 2nd, 1836. The boy was about thirteen years of age, of a fair complexion, and scrofulous diathesis. He had suffered for some months from constant pain, and a feeling of restraint over the chest; palpitations; distressing cough, attended with

copious expectoration of puriform matter, occasionally tinged with blood; disrelish for food; great debility; night perspirations; breathing 30; animal heat 97° (ascertained by the bulb of a properly constructed thermometer being placed under the tongue); the pulse usually beyond 100. These symptoms, which had been treated in a manner calculated to exhaust his general power—as by low diet, leeches, blisters, expectorants, &c.—appearing to become rather aggravated than relieved, my advice was sought. The complaint, it appeared, originated with spitting of blood, which occurred to the amount of about three ounces, and continued in smaller quantities for a few days, and then ceased altogether. On examining the chest by the stethoscope, and by percussion, I detected well-marked pectoriloquism, and dulness at the right collar-bone, with a gurgling noise and a cavernous ring on coughing, extending downwards to the fourth rib; at the left side the respiration was imperfect, and percussion elicited a dull sound over the clavicular and sub-clavicular region, and posteriorly on the opposite part of the same side. The heart gave no abnormal indications, though its motions were accelerated and irregular. The former medical attendant pronounced the child to have tubercles, and that the ulcerative process had commenced, and considered his recovery as hopeless. I coincided with this gentleman in his diagnosis, but not in his prognosis, or treatment. I directed that the patient should inhale chlorine and belladonna at a temperature of 120° , and take a mixture composed of sulphate of quinine and steel, with light and nutritious diet. This plan was attentively followed up, and with such success, that, in twelve days, the respiration became more natural, the cough much less troublesome, the appearance of the sputum greatly improved,

and the night perspirations lessened. In another twelve days the results were still more satisfactory: the circulation was then fuller and firmer, the surface more florid, the spirits improved; and the severity of the cough and local symptoms were so much relieved by the influence of the inhalations that the patient was enabled to sit up several hours in an arm-chair, without experiencing fatigue or inconvenience; in fourteen weeks from the date of my first seeing him, his health was quite re-established, and he has had no relapse up to the present time.

REMARKS.—In this interesting case it will be seen that the chief remedy consisted in the inhalation of *chlorine*, an alimentary gaseous body, discovered by the illustrious Scheele in 1774, who, perhaps, pointed out more new and valuable substances than any chemist in ancient or modern times. Scheele named it diphlogisticated marine acid: this term, however, is incorrect; but if we substitute hydrogen for phlogiston, as many of our modern chemists have done, the views of the discoverer will be perfectly correct and intelligible; for it is now well known that, when hydrogen is abstracted from marine (hydrochloric) acid, chlorine is obtained; and, on the contrary, when hydrogen is combined with chlorine, marine acid is produced. Shortly after the discovery of this gas Sir Humphry Davy instituted an examination of it, and on account of its green colour gave it the name of *chlorine* (from $\chi\lambda\omega\rho\sigma$), by which it has been known to the present time. Chlorine was not medicinally employed until the year 1804, when it was noticed that workmen employed in bleaching manufactories, who were constantly breathing it, enjoyed an almost perfect immunity from disease of the respiratory organs, and also from epidemic fevers, and lived

to a great age. It was likewise observed by M. Gannal, an eminent French pharmacien, that, in many instances, persons who had suffered under formidable complaints of the larynx and air-passages, and had afterwards been occupied in these manufactories, were quickly and permanently restored to health.

In consequence of these interesting and important facts, M. Gannal was induced to construct an apparatus from which consumptive, asthmatic, and other patients suffering under complaints of the organs of respiration, might inhale the chlorine in a diluted state. This mode of treatment was attended with the most marked success (curing many virulent diseases when other means had failed), and at length attracted the attention of Dr. Cottureau,* the distinguished physician of Paris, who introduced the remedy to the notice of the profession in the year 1824, through the medium of the 'Journal Hebdomadaire,' and in the 'Archiv. Gén. de Médecine.'

In the above medical journals many cases of tubercular consumption of the most inveterate form were indisputably proved by this eminent and accomplished physician to have been perfectly cured by chlorine. After adducing many instances of rapid recovery, in cases where the stethoscopic and general observations were indicative of confirmed consumption, Dr. Cottureau remarks, "These examples incontrovertibly deserve to be placed in the first rank of those which have been collected for some years regarding the efficacy of the inhalation of gaseous chlorine in pulmonary consumption. Indeed the hereditary disposition, the conformation, the nature and succession of the symptoms, all

* *Vide* Cases in ADDENDA.

concurred to prove the existence of the disease." In one instance of recovery from extensive pulmonary disease, where the patient died some years afterwards from a totally different complaint (inflammation of the bowels), Dr. Cottureau observes, that, upon making a *post mortem* along with Drs. Parmentier and Caignon, the lung which had been diseased was examined, and found to be perfectly healed, and to be composed of a hard, compact, fibrous tissue, of a slate colour, marbled with white and grey, impermeable to air, and not traversed by any subdivision of bronchi. The rest of the lungs was quite free from disease.

This case afforded the most positive evidence of the cure of the pulmonary disease : a cure, the progress of which was traced from day to day, and of which all the perceptible phenomena were noted with the most scrupulous care, and which can no longer be doubted when we find indications of the lesions traced on dissection. "*We thus see,*" Dr. Cottureau adds, "*that consumption has existed, and, after having conducted the patient to the verge of the tomb, has been combated with success.*"

Very many medical men in various parts of France, Germany, and America, have also deposed, in the most positive manner, to the efficacy of the inhalation of chlorine in diseases affecting the lungs, larynx, trachea, and bronchi, and I have no hesitation in adding my own full and confident testimony, that chlorine, used in the method I employ it, is capable of removing tuberculous deposits in the incipient stages of consumption, and of curing the latter or more advanced stages, so long as it is evident that a large portion of the lungs is in a sound state, and that the condensation within the excavations and the tubercles has not become

completely impervious. In corroboration of these views, I have in my possession many pathological preparations which beautifully show the various stages of different diseases of the respiratory organs, and the curative processes induced in them by the local application of this remedy; and are aptly illustrative of those great and important facts which I am desirous of urging upon the attention of my medical brethren and the suffering community.

Like all other remedies, chlorine must be employed with due discretion and judgment. When used under practised hands, it is perfectly free from the slightest risk, unpleasant sensation, or inconvenience, and its beneficial effects are generally very quickly experienced. I usually add to inhalations of such an active remedy, a sedative, which greatly assists its beneficial operation, by subduing the irritation of the mucous membrane of the air-passages, and lessening that general excitement of the system which usually accompanies pulmonary affections.

Besides the local applications which were so successfully adopted, it will be remarked that those remedies which were calculated to restore strength and vigour to the system (which had been so lowered by bleedings and abstinence), and to improve the general tone of the constitution, were simultaneously employed.

I may here remark that I believe the foundation of consumption is oftentimes laid by the too great *abstraction of blood*. It is no uncommon thing to meet with young people who have been bled, purged, and salivated, for some imaginary inflammatory affection, to the utter destruction of the general powers of the system, and who, after a life of prolonged misery and suffering, have eventually sunk under tuberculous dis-

ease. Even in inflammatory cases, it is, in my opinion, a great mistake to suppose that it is necessary to abstract such large quantities of blood, or to bleed to such an extent as to occasion syncope, in order to check disease. Every day's experience has shown me the evil results of this "bold" line of practice. With respect to the employment of venesection in phthisical cases, I agree with Laennec, who observes, "Bleeding can neither prevent the formation of tubercles, nor cure them when formed. It ought never to be employed in the treatment of consumption, except to remove inflammation, or active determinations of blood, with which disease may be complicated. Beyond this, its operation can only tend to a useless loss of strength." The great object should be, while endeavouring to correct the local morbid action, not to reduce the strength by these or other excessive drains upon the system, but to augment the constitutional power, and overcome nervous irritability by the judicious administration of tonics, and the allowance of generous diet, with a moderate quantity of good beer or wine. It is only by such treatment, aided by quietude, proper clothing, and pure air, that the general health is to be improved, the absorption of tubercles promoted, and the tendency to fresh depositions counteracted—*hoc opus, hic labor*.

But it is necessary to add that the beneficial effects of tonics depend upon their mode of administration, and they ought not to be given as long as the pulse is strongly agitated, and, at the same time, strained and hard; the cough very frequent, short, and dry; and the respiration uncommonly accelerated and short; as long, indeed, as there exists an inflammatory state of the lungs; the alimentary canal should also be free from irritation and irregular or disordered secretions. If these points be not attended to, their employment

will tend rather to decrease than augment the general power. The selection of tonics, too, should be regulated by the character of the debility and the condition of the patient; of this important class of remedies I have generally found the preparations of steel and bark produce the most good in persons of feeble power, and of a scrofulous or consumptive habit. The use of stimulants requires the same caution as that of tonics, and must be greatly guided by the previous habits of patients; they are especially necessary to those persons who have been habitually accustomed to their use. I have frequently observed irreparable mischief occasioned by their being suddenly and incautiously withdrawn, and have found many chronic and pulmonary diseases yield much more readily when they were carefully given.

CASE II.—CONSUMPTION.

A young lady about twenty years of age, of delicate aspect and lymphatic temperament, consulted me July 4th, 1838, in consequence of a very severe cough, attended with acute pains in the chest, from which she had suffered for several weeks. She had been treated by the usual remedies, but had obtained no further benefit than a mitigation of the symptoms. She was pallid, with occasional hectic flushes; much depressed in spirits; the circulation quick, but very feeble; the cough incessant, and attended with purulent expectoration; appetite indifferent; palpitations; catamenia irregular; bowels constive; nocturnal perspirations; inspirations 32 in a minute; animal heat, 99°; very perceptible dulness on percussion at the right infra-clavicular and mammary regions, and pectoriloquism at the apex of the lung; the left side was very sonorous, with puerile perspiration, and some fine mucous and

sibilant râles: the action of the heart, when quickened, was accompanied by a slight *bruit de soufflet*, which disappeared so soon as that organ became quiet. I directed that the patient should be dry-cupped over the chest; and prescribed an inhalation of iodine and conium at a temperature of 120° , and the iodine liniment, with a saline aperient mixture, and a soothing pill, composed of acetate of morphine, at bed-time: subsequently, in consequence of her exsanguined appearance, small doses of steel and quinine, with a good, nutritious, but plain diet. Treatment on this principle was continued for ten weeks, during which period an occasional change was made in the tonic remedy, and in the quantity and frequency of the inhalations. The dry-cupping—which was had recourse to three times—materially relieved the thoracic pains; the cough and local morbid action were overcome by the influence of the inhalations; and the general health was materially improved by a perseverance in the tonics. The progress was steady and satisfactory; uterine action became perfectly re-established; and, in eighty days from the commencement of my treatment, all the symptoms were removed, and her usual state of health restored.

REMARKS.—According to my experience and observation, no reasonable doubt can be entertained that tubercles in the lungs are scrofulous deposits: the same view is entertained by many high authorities in this country and abroad. I have examined, post mortem, a great number of scrofulous patients, and have rarely met with an instance in which the lungs were not more or less affected with tubercles. Professors Louis, Graves, and others, have noticed that, if we trace the phenomena of external scrofulous abscesses, we shall be struck with the close analogy they bear in their manner of appearance, their progress, and

terminations, to the ulcerations of the lungs in consumption : the same slowness ; the same gradual solidification and gradual softening ; the similarity of puriform fluid secreted in each ; the analogous occurrences of burrowing ulcers and fistulous openings ; the close approximation in the form of their parietes ; and the difficulty of healing remarked in both ; make the resemblance between them extremely striking. Compare scrofulous inflammation of the hip or knee joint with consumptive suppuration of the lungs : have we not the same kind of hectic fever, the same flushings and sweats, the same state of the urine, the same diarrhoea, the same state of the appetite, and the same emaciation ?

With this conviction of the identity of consumption with scrofula, I was induced to apply (some twenty years ago) to tuberculous lungs, by means of inhalation, that remedy, iodine, which had been found to be most efficacious for the cure of scrofulous enlargements and sores on the surface of the body. The results of this treatment have more than realised my best expectations ; and I am well convinced, from the experience of the cases of many hundred patients who have been thus restored, and who had been previously considered as incurable, that iodine has the decided power of curing phthisis, by exciting an increased action of the pulmonary vessels, and so augmenting the energies of the absorbents as to bring about solution and absorption of tuberculous deposits. Such an influence this remedy is well known to exercise in dispersing external enlarged scrofulous glands ; and as Dr. Cummin truly observes, all that we know of the action of the absorbents in the lungs leads us to believe that they are capable of removing tubercle ; and that such an operation, to a certain extent, does really take place, is proved by the changes which that

substance undergoes in its progress to the cretaceous transformation. If tuberculous masses of long standing are thus changed, what reason is there to doubt that the soft curdy matter of which they are at first composed is often absorbed and carried back into the circulation, to be converted into some less noxious constituent, or altogether expelled from the system? I have also frequently known iodine to cicatrize excavations in the lungs, co-existing with tubercles, by which process of contraction the cavities become healed, and are prevented from making further progress or causing inconvenience. Many physicians of high standing in the profession have borne the most ample testimony as to the correctness of these important and consoling statements, and consider, with myself, that iodine, if not a specific in consumption, appears in many cases as very nearly approaching to it.

To Sir James Murray, M.D., the profession owe a deep debt of gratitude for the first introduction of inhalations of iodine, as a remedy in tuberculous consumption, and other diseases of the lungs and air-passages. Sir James, in his interesting dissertation on this subject, observes—"With respect to the inhalation of iodine, if I had not abundant proofs of its value, I would not be the first to make use of it; but I can with safety assert that it will sometimes heal, if early applied; and it will give rest, and repose, and relief, in cases where it is impossible to cure."

Almost simultaneously with Sir James Murray's treatise, appeared an invaluable work written by the late Sir Charles Scudamore, M.D.,* in the year 1829, 'On the Efficacy of Iodine and various Medicines administered by Inhalation in Consumption and certain Morbid States of the Trachea and

* For cases, *vide* ADDENDA.

Bronchial Tubes.' That the results of this mode of treatment were equally successful after the appearance of the work, will be apparent from the subjoined observations published by Sir Charles in the 'Lancet' for 1841-42:—"It is now fourteen years since I was led to make trial of iodine, in the form of inhalation, as being a medicine highly capable of stimulating the absorbents of the lungs, which are not few, to remove tubercular matter; of inducing a healing process in a cavity when formed; and of correcting the morbid action of the bronchial mucous membrane. Experience has amply justified my recommendation of this treatment, and I have had the happiness of succeeding in very numerous cases, in which, according to all my former experience, with the old methods of practice I must have failed. It cannot be the reproach of any treatment that it should fail in the worst cases—those which are either become incurable from long neglect, or from their originally inveterate nature; but I can assert with truth that, even when the case is too urgent to admit of success, certain relief will be afforded. It has been sometimes called a mere local treatment,—and when it is so, how much deduction would be made from its importance? But even this criticism is not just. The inhalation acts on the whole system, as I have had proof of, by witnessing, even inconveniently, the constitutional effects of iodine; but to this admission let me add, such disagreement has not happened in so large a proportion of instances as one in a hundred. When I deliberately affirm this as a truth, surely the most timid cannot shrink from the remedy. What medicine is there, of any power, which does not occasionally disagree in particular idiosyncracies of constitution?

"I cannot refrain from remarking that some are so bigoted

to their experience and old methods of practice (consecrated by time, but certainly not recommended by success), that they repel the introduction of what is new, especially when the remedy requires much watchfulness of its action in order to insure good results. Great perseverance, also, is necessary; nor can this appear remarkable, if we reflect upon the important and difficult nature of the work to be accomplished,—the removal of tubercular matter from the lungs by means of absorption; the healing of an excavation; the relief and cure of bronchial disease; and, lastly, a change to be effected in the system—in the whole mass of the blood. It is true that our best and most anxious efforts may frequently be doomed to meet with pain and disappointment, but the satisfaction of the occasional success with which we may be rewarded will be proportionably gratifying; and in those instances where the inveteracy of the disease will not permit success, we should assure ourselves conscientiously that we have done all in our power to obtain it.”

Dr. Harwood, late physician to the Hastings Dispensary, in his able treatise on ‘Diseases of the Throat and Chest,’ remarks,—“Although I am unable to speak from my own observation of the curative effects of iodine in consumption, when employed independently of other methods of treatment, I am happy to be able to state, that its careful use in combination with them has occasionally been attended with very satisfactory results. Thus, amongst other less decided cases, in instances in which the symptoms and sounds of the chest, as manifested by the use of the stethoscope and by percussion, have appeared to other physicians, with myself, to prove the existence of tubercles of the lungs, the patients have lost all indication of existing disease. At

least I may observe, that during a long, and, at present, uncertain period, a quiescent state in the diseased structure of the lungs has followed the use of these combined means; and, with the general evidences of restored health, great improvement has also taken place in the sounds of the chest,—a state which I presume may be regarded as that of recovery. And I have additional satisfaction in being able to add, that the same favourable results have succeeded the continued employment of these measures, even when supuration and other symptoms, as distinctly the result of pulmonary excavations, co-existent with tubercles, have been present.”

Dr. Wilson * has published in the ‘Lancet’ (vols. i. and ii., 1841-42) several interesting papers on the beneficial effects of inhalations of iodine in pulmonary consumption. With respect to the scēpticism with which this mode of treatment has been regarded by some members of the faculty, Dr. Wilson says, “I know full well the extreme difficulty that presents itself of combating the old and confirmed prejudices entertained by the majority of my profession and the public against the curability of consumption, and I must admit that medical records but serve to strengthen such conclusions; but an enlightened and liberal profession should be open to conviction, free to embrace facts, and earnest to solicit inquiry. We have seen to what a surprising extent prejudice has blinded us to the most valuable remedial agents. Many of our best medicines were popular remedies before the medical world would admit them into their vocabulary. Iodine, to a great extent, shared the same fate; and the physician who had the hardihood to recommend the internal

* *Vide* ADDENDA.

use of cantharides was prosecuted, and suffered the penalty of his sagacity—but taught his followers the safety and value of his practice. Doubtless a new system of treatment should be received with due caution, but divested of all prejudice. If certain results and certain facts are stated, a fair trial of their intrinsic worth should be made, and particularly if they refer to a disease which, to a sad extent, has baffled medical skill, and defied the ingenuity of the greatest talent.”

When iodine is administered by the stomach, it not only reaches the lungs in an uncertain and modified form, but very frequently produces great derangement in the system, causing pain in the eyes, profuse serous discharge from the nostrils, severe frontal headache, and œdematous swelling of the eyelids. This mischief is chiefly induced by the irritating effects of the iodine upon the digestive organs ; and I think it should ever be borne in mind by the practitioner, that, in pulmonary and other exhausting diseases, the medicine (more especially in chronic cases, when they are long continued), as well as the food, should be easily digestible ; and when they are not, they should never be employed without the greatest caution and circumspection. All these objections are obviated by the *inhalation* of iodine, by which method the lungs are directly acted upon, while the stomach is not in the slightest degree affected, and is left open for the administration of such nourishing food, tonics, and other means, as are calculated to subdue that general constitutional derangement and debility which always more or less attend diseases of the respiratory organs.

But, however extensive the application of iodine may be, it must be remembered that it requires, as every other active remedy does, to be materially modified by the peculiarities of

individuals, and the circumstances which may take place during its employment. A heedless perseverance in any medicament, if not judiciously administered, will often create more mischief, and produce more suffering, than the disease which has been attempted to be relieved; hence the absurdity of supposing that any nostrum whatsoever can prove a cure for every species of a particular complaint, much less for the variety of forms of disease in general. The symptoms of pulmonary and other affections are too numerous, and too dissimilar in their nature, to admit of the use of any universal remedy, for every particular case is so much modified by age, sex, habit of life, climate, food, and a variety of other causes, that its treatment cannot be made a matter of prescription; every case becomes in reality a study in itself, and the skill of the practitioner can only be fully displayed by adapting his treatment to the varying condition of his patient.

CASE III.—CONSUMPTION.

A gentleman, aged thirty-five, a solicitor, of naturally feeble power and intemperate habits, consulted me, Sept. 2nd, 1839, and stated that he had, three years previously, an attack of pulmonary inflammation, with cough and spitting of blood, for which venesection, cupping, and mercurials had been prescribed. Since that time a constant irritating cough, attended with expectoration, had continued, and within the last month so much increased as to confine him to his bedroom. A physician of some note had to this date attended him, and pronounced the case to be a hopeless one.

When I first saw the patient he was pallid; much distressed, with an anxious look; suffered from a constant violent cough; and expectorated about a pint of purulent

matter in the course of the day—presenting all the qualities of phthisical sputa; hectic fever prevailed to an extreme degree, attended with great emaciation and profuse night perspirations; pulse, 100; inspirations, 28; animal heat, 110°; tongue much furred; diarrhoea; had lost a brother from consumption. Pectoriloquism, cavernous respiration, and a gurgling râle in the right sub-clavicular region and in the axilla, gave conclusive evidence of the existence of ulceration in the superior lobe of the lung of that side; and dulness on percussion at the left side denoted the presence of tubercles in the left lung: the heart beat regularly, and with a natural sound, only with too great frequency. A chalk mixture, with the addition of catechu, was prescribed, and inhalations of chlorine and belladonna at 110° temperature; and subsequently, when the tongue became clean, and the secretions regular, a mixture composed of quinine and infusion of roses, with excess of acid, and a little solution of the acetate of morphine; nutritious and generous diet, with a small quantity of the stimulus he had been accustomed to. He soon experienced the beneficial effects of this mode of treatment; for, in three weeks, the cough and night perspirations had become much diminished, and the expectoration was slight and free; the excessive purgation had ceased; strength improved; and the symptoms generally so much mitigated, that he was enabled to reach his sitting-room. At the end of eight weeks more, the cough was very slight, and of no inconvenience; the sputum very trifling, and consisting of mucus only; there were no longer night sweats, or indications of fever; and he had gained both flesh and strength, and, by wearing a respirator, could take out-of-door exercise. The patient experienced two or three slight

relapses from sudden changes of temperature, and derangement of the stomach and bowels; but got perfectly well in the course of fourteen weeks from the commencement of my treatment, during which time the above remedies were steadily persevered in, with some slight modifications.

The gentleman has since paid more attention to the general laws of health, by which he has maintained a proper degree of constitutional power, and has not at the present time the slightest trace of pulmonary disease.

REMARKS.—One of the first symptoms, in this case, was spitting of blood (*hæmoptysis*), which is too often the har-binger of much and, if neglected, irreparable evil; hence the absolute importance that the least token of its presence should be promptly and effectually met. The common plan of bleeding, as was here practised, I believe to be, generally speaking, injudicious, and sometimes even dangerous—not, perhaps, in its immediate, but in its ultimate effects. When we find the pulmonary circulation become embarrassed during convalescence from acute disease, whilst all the other functions have re-acquired their healthy characters, I am convinced that the occurrence of this symptom is not so much to be attributed to the disease itself as to the treatment. These repeated bloodlettings not only diminish the mass of blood in circulation, but also alter its constitution; for, as Majendie and other physiologists have observed, aqueous drinks absorbed by the veins, being the sole means where-with the patient is allowed to replace the blood he has lost, it follows that the fluid loses its proper share of viscosity and coagulability, and acquires, proportionably, a tendency to extravasation. The deteriorated blood which is thus extravasated in the labyrinth-like canals, coagulates, becomes

solid, and produces pulmonary disease, similar to that which I have just described.

This case very satisfactorily shows that a cure of consumption may be effected even in the most advanced stages, and that too, under the most unfavourable circumstances, for here the patient's constitution (naturally weak) was much broken down by intemperance. It bears out the assertion of the great Laennec, "that the cure of consumption, when the lungs are not completely disorganized, ought not to be looked upon as at all impossible, in reference to either the nature of the disease, or of the organ affected."

CASE IV.—CHRONIC BRONCHITIS.

A married lady, aged forty, of a fair complexion, with narrow chest, and evincing naturally rather feeble power, came from Colchester to consult me, January 9th, 1840. It appeared that the lady had suffered from a chronic cough for the last nine months, and had been under medical treatment the greater portion of that time; but as no perceptible diminution took place in the symptoms, she was induced, by the recommendation of a former patient, to put herself under my care. As the patient was unable to give me a satisfactory account of her early symptoms, I wrote to her former medical attendant, but his statement was of little or no value, being a mere history of the treatment of the disease, which he pronounced to be chronic phthisis; he also added that he had a few years before attended one of her children who had died from the same complaint.

The patient was much reduced in flesh and strength, and complained of great pain in fetching a deep breath, and a constant irritating cough, attended with difficult expectora-

tion of ropy and glutinous sputum; pulse 90; nights restless; digestive organs much impaired. Under each clavicle there were sibilant and crepitating râles, especially perceptible after making a deep inspiration, a general feebleness of the vesicular murmur, and a degree of dulness under the left clavicle; but there was no decided evidence of tuberculous disease. I prescribed inhalations of iodine and conium at 100°, with a tonic stomachic mixture, and the chest to be dry-cupped. Under this treatment the cough was very quickly relieved, and the expectoration diminished; the respiration became natural, and the pulse fuller and slower; in three weeks all morbid signs had disappeared from the lungs, and the patient returned to the country convalescent. She remained quite free from bronchial irritation for two years, when she died from scarlet fever. A post-mortem examination was permitted, and no traces of pulmonary disease were discovered.

CASE V.—CHRONIC LARYNGITIS.

A female servant, of feeble power and chlorotic appearance, consulted me in March, 1842. The symptoms were as follows:—constant harassing dry cough; palpitation; great debility; total loss of voice; great tenderness by pressure over the lower part of the larynx; the catamenia had not appeared for ten months, and, previous to that period, very sparingly; had been subject to the cough for the last fifteen months; and had been under the treatment of three medical men, at different times, without experiencing any permanent benefit. Physical examination did not reveal disease of the lungs or heart. I prescribed leeches to the throat, and subsequently, preparations of steel, with sedative inhalations, and a liniment—composed of the acetum of cantharides, oil

of terebinthinum, oil of cajeput, compound soap liniment, and oil of lemons, to be rubbed in, just above the thyroid cartilage, twice a day. This plan of treatment was unremittingly persevered in for seven weeks, when the cough was entirely cured, and the catamenia fully re-established: her general appearance and state of health were also materially improved. At this period she proceeded with some friends to South Australia; and I have since ascertained that she remained without cough during the voyage, but that, a short time after her arrival at Adelaide, some of the old symptoms returned; but the attack was of very short continuance, having been overcome by the inhalations—prescriptions for which I had provided her with, in case of any relapse.

REMARKS.—I have seen many cases of this kind of even longer duration, which have been successfully treated by a steady perseverance in the above mode of treatment.

CASE VI.—CHRONIC BRONCHITIS.

A young gentleman, aged twenty-three, of strumous habit, consulted me, December 1st, 1839; with constant cough, attended with expectoration of thick yellowish matter; impeded respiration; soreness of the fauces and trachea; great emaciation; pulse 87; rheumatic pains in various parts, more particularly the right knee, which was painful upon pressure, and swollen; had been suffering from these symptoms for the last four months, and had been told by his medical attendant—from whose treatment he had obtained no relief—that he was in a consumption. The physical signs were—mucous and sibilant rattles over various parts of the chest, with occasional crepitation; but there

were no decided indications of structural disease of the lungs. The treatment consisted of inhalations of iodine and conium, with an internal mixture of the cold infusion of sarsaparilla, with small doses of the iodide of potassium. By adopting these means, the different symptoms rapidly gave way; and, in six weeks, this patient had not only recovered from the bronchial affection, but also from those chronic rheumatic pains which had for a lengthened period constantly tormented him.

CASE VII.—CONSUMPTION.

A young man, a groom, of delicate constitution, who was placed under my care, March 27th, 1835, related that about a year ago he caught cold, by sitting in a crowded theatre with damp clothes on, which was followed by severe cough, with pains at the chest and head. The medical gentleman who attended the case bled him to faintness; which treatment it seemed rather aggravated than relieved the symptoms. The lancet was, however, again employed, and the like results ensued; subsequently, he was twice blistered. After this treatment he slowly rallied, but had ever since been constantly troubled with a hacking cough, and he had gradually lost flesh. At the time of his application to me he was so debilitated as to be incapable of undergoing the least bodily exertion: complained of severe palpitations; difficulty of breathing; profuse night perspirations; constant cough, accompanied with an expectoration, in which were discovered, by the aid of the microscope, distinct portions of globular, ragged, tuberculous matter. The countenance was anxious; the cheeks attenuated, and patched with a hectic flush; pulse varying from 100 to 110; total loss of appetite;

animal heat 100°; respiration 30. Auscultation and percussion gave a cavernous rhoncus between the fourth rib and the right clavicle, with a metallic ringing, and pectoriloquy; at the left side there was dulness at the apex of the superior lobe; and there was an unusually deep depression under both clavicles, formed by the sinking in of the walls of the chest. The treatment consisted of inhalations composed of chlorine and belladonna, with occasional dry-cupping, sustaining diet, and febrifuges; and subsequently, when the tongue became clean, and the febrish symptoms were abated, steel and quinine tonics. By these means the more urgent symptoms were speedily relieved; and, in three months from the commencement of my treatment, natural sounds were the result of stethoscopic examination, and he was sufficiently recovered to undertake a journey to Margate, where he remained for six weeks, and had the advantage of baths at the Sea-Bathing Infirmary. He returned quite well, and re-entered the service of his former master.

REMARKS.—This case, while illustrating the remedial virtues of chlorine, also shows the pernicious effects of the abominable system of over depletion. The symptoms which at first characterized this young man's illness evidently denoted it to be influenza, a complaint well known to be unaccompanied by inflammatory action; and hence the use of the lancet was both uncalled for and highly reprehensible. To bleed in influenza, more especially in old and debilitated subjects, is, I firmly believe, in most instances, to kill. The blood is, as Harvey describes it, the "*primum vivens*," and "*ultimum moriens*,"—the life of every part depending upon it. All the phenomena of life tend to prove this. Increase the circulation to the acme compatible with health, and you

increase animal power ; diminish it, and you diminish animal power ; abstract the whole of the blood, and you destroy life.

Recollecting, then, the loss of blood and sensibility produced by the withdrawal of this life-dispensing stream, the practitioner cannot be too cautious in prostrating the system by this dangerous plan of treatment ; for by it, as I have too often witnessed, the most painful nervous irritability is produced, which counteracts the very end in view (more especially in consumption), by relaxing that which was already, most probably, too relaxed, and rendering the constitution more delicate, and more incapable of contending with the trying vicissitudes of this changeable climate, and frequently depriving remedial measures of all their efficacy. Local bleeding, by means of small relays of leeches, may be sometimes employed with great advantage in chronic inflammation ; but in cases of extreme debility, from long-continued disease, I have seen even that small loss of blood attended with the most disastrous circumstances.

Much of the success which has attended my treatment of consumptive cases is to be attributed to having avoided depletion, debilitating medicines, or any measures calculated to impair the vital principle or power.

CASE VIII.—HOOPING COUGH.

A lady requested me to see her male child, aged three years, of delicate appearance and scrofulous habit, labouring under an unusually severe attack of hooping cough. It appeared that the lady had lost two children from the disease, and therefore felt unwilling that this child (whom she considered the most delicate of the family, and least

capable of bearing up against the complaint) should undergo the same treatment which had been so unsuccessfully adopted in the previous cases. He was pallid; the extremities cold; pulse scarcely perceptible; respiration extremely hurried, general languor and debility; the fits of coughing violent, and occurring, upon an average, every ten minutes, and sometimes followed, after great fighting for breath, by convulsions; expectoration scanty; diarrhœa; sleep restless, being constantly disturbed when he was beginning to slumber by the distressing fits of coughing. I directed that the little sufferer should inhale the vapour of nitrous gas for a quarter of an hour, three times in the day, and take small doses of an antacid mixture. Upon the third day of the employment of these remedies the paroxysms of coughing were greatly relieved, the breathing became more natural, the rest sound, and the state of the secretions improved. This plan of treatment was steadily pursued, with some slight alterations in the times and quantity of the inhalations, for nine days, when the remedies were discontinued, not a single fit of coughing having occurred for two days previously. The state of the general health was afterwards materially improved by preparations of steel and zinc; and I had the gratification to hear, after a short continuance of these tonics, that he had never looked so well.

REMARKS.—I have notes of several analogous cases, in which the beneficial effects of nitrous gas have been equally apparent. When properly administered it quickly relieves the paroxysms of coughing, soothes the irritation of the chest, and produces quiet refreshing sleep. In spasmodic asthma and bronchitis it is invaluable in overcoming the difficulty of breathing which accompanies those distressing complaints.

CASE IX.—CHLOROSIS (THE GREEN SICKNESS), SIMULATING DISEASE OF THE HEART AND CONSUMPTION.

A young lady (a governess), aged twenty-seven, of lymphatic temperament and exsanguined appearance, sought my advice, August 1st, 1840, complaining of constant harassing dry cough; oppression at the chest, and irregular breathing; distressing palpitations after ascending stairs, or using any exertion; catamenia suppressed for the last thirteen months; leucorrhœa; pulse 90; bowels deranged, with sickness at stomach, and occasional vomiting.

The patient had been under medical treatment for the last eight months, and was considered to be labouring under aneurism of the heart and tuberculous disease; under which supposition she had been bled, cupped, and blistered, and was so emaciated and debilitated, that, to use her own expression, she was “worn down to a skeleton.” My patient declared, with much earnestness of manner, that she well knew her case to be a hopeless one, but trusted some palliative might be prescribed to ameliorate the more painful symptoms.

The sounds elicited by auscultation and percussion clearly demonstrated that the general disturbance of the system, before described, was not dependent on the existence of pulmonary disease, and the only unnatural sound which I could discover in the heart was a transient *bruit de soufflet*, joined with a slight musical whizzing in the crural and subclavian arteries, neither of which, however, was sufficient to denote disease of that organ. This gratifying fact I did not hesitate to communicate to her, and hoped that it would have tended to dissipate the melancholy under which she was

continually suffering; but it was received with misgivings, after the decided manner in which her former medical attendant had expressed himself as to the nature and probable result of the complaint, and whom she represented to be a gentleman of great practical experience, and well acquainted with her constitution.

The history and symptoms of the case led me to believe that this derangement of the constitution originated in the uterus not properly performing its functions, and that the palpitation and cough were dependent upon a morbid irritation in that organ. Preparations of steel were prescribed, with an inhalation of hydrocyanic acid, generous diet, the use of the shower-bath, and gentle exercise. This plan was pursued with great advantage until September 4th, when the catamenia were restored. This change accomplished, a marked improvement rapidly took place in her appearance and general health, and in fifty days from the commencement of the treatment she was perfectly cured, and has not, up to this date, had any return of illness.

REMARKS.—The suspension of the catamenia is of very frequent occurrence in the early stages of consumption and disease of the heart, and usually indicates general derangement of the system. This important function should therefore never be disregarded, especially in persons predisposed to these diseases or to hæmoptysis. The return of this function becomes, in all cases, an additional satisfactory testimony of the improvement of the constitutional health, and is a sign of an harmonious action of the other various functions of the animal economy.

The patient frequently expressed, during the above treatment, that she derived great benefit from the inhalations of

hydrocyanic acid in allaying the cough and palpitations. I have frequently found this remedy a valuable auxiliary in such cases.

On account of the extreme volatility of hydrocyanic acid, I usually prescribe it in about an ounce of water, and direct that, instead of adding the whole quantity at one time, it should be divided into two parts, one of which is to be introduced into the inhaler at the commencement of inhalation, and the remainder a few minutes afterwards. Should the whole quantity be used at once, the fluid might be too potently impregnated at first, and afterwards insufficiently so. When using hydrocyanic acid, or other remedies which very quickly fly off by evaporation, the temperature of the fluid should seldom exceed 110° or 120° Fahr.

CASE X.—CONSUMPTION.

A young man, a publican, aged twenty-seven, of naturally good constitution, but much broken down by intemperance, consulted me, November 2nd, 1836. It appeared that he had suffered for the last nine months from cough, shortness of breath, and pains at the chest; and that, having caught a severe cold by exposure to the night air, the cough had, within the last few days, much increased, and caused him suddenly to bring up half a pint of blood. Being alarmed at this new symptom, he sought my advice. Although complaining for so long a period, he had not placed himself under medical treatment, but had resorted to those injurious nostrums with which our newspapers abound. He was now much wasted in flesh; very pallid, with occasional hectic flushes; the countenance anxious, with a peculiar wild ex-

pression of the eye; pulse 100; animal heat 103° ; breathing short and painful; night perspirations; copious expectoration of purulent matter, streaked with blood; the sound, on percussion, very dull on the upper part of the left side; pectoriloquism at the apex of the right lung, with a cavernous sound, demonstrating the existence of an ulcer; and, from the second rib downwards, a crepitating rhoncus was perceptible. I prescribed inhalations of iodine and belladonna; a vesicating liniment to the chest; and a mixture composed of gallic acid and Battley's sedative solution of opium. Under this treatment, the difficulty of breathing and cough were relieved, and the spitting of blood quite removed. A combination of steel with quinine was now administered, in conjunction with the inhalations; and, at the end of five weeks from the commencement of the treatment, the patient had so much improved that he declared himself to be quite well, and was unwilling to undergo further treatment; but the stethoscopic signs did not correspond with his views, and I warned him, that, although the cure was progressing, it was not established. Shortly after this he removed from the neighbourhood, and I lost sight of him until August, 1838, when I received a message from him, earnestly requesting to see me, at a distant part of the metropolis. I found him reduced to a mere shadow, in great poverty, in the last stage of pulmonary disease, and evidently sinking fast. It appeared that, upon his former partial restoration, he had pursued a course of dissipation, which had completely destroyed his already impaired constitution, and he had now been confined to his bed for five weeks. Although I could hold out no hope of recovery, I considered it my duty to alleviate as much as possible his painful

physical sufferings; and this object (which no degree or severity of disease can justify the practitioner in relaxing his endeavours to effect) was more fully accomplished by sedative inhalations than by any other palliatives I have ever used myself, or seen employed by others.

REMARKS.—I have notes of several incurable cases of pulmonary consumption (for there are, as a matter of course, periods of disease in which every effort of the remedial art must be equally unavailing and unsuccessful), in which the powers of inhalation, in mitigating the symptoms, have been most remarkably displayed.

It is common for poets and novelists to describe Consumption as a disease of little suffering. They paint the victim of it as slowly fading away, placid in mind, without pain of body, and in the fullest and keenest enjoyment of every sense and faculty; like a withering flower gliding gently down to the grave, diffusing around her as she fades an atmosphere of increasing sweetness. But, alas! poetry (as a contemporary rightly remarks) is not true to life here. There are few diseases more to be dreaded for the sufferings they occasion. In its commencement Consumption is stealthy. It comes on without any warning of its approach, and is generally firmly seated before it is detected at all. Thus far the descriptions of fancy are correct, but afterwards comes a train of complicated miseries which try even the strongest fortitude.

And there is nothing to console the consumptive in the usual treatment of this disease. Remedy after remedy fails to afford even relief. Change of climate only increases his hardship, and in too many instances hastens the fatal issue. The past presents a bleak and dreary prospect, and the

experience of the present—if we except the bright promise of inhalation—no hope for the future.

Such is the stern reality of this terrible disease, divested of all fancy. It presents a concentration of bodily and mental suffering to which there is scarce a parallel in the sad catalogue to which our flesh is heir.

CASE XI.—PALPITATIONS, ARISING FROM DISORDERED STOMACH AND LIVER.

A young woman, a milliner, of robust form, but nervous temperament, consulted me, June 14th, 1841, and related that she had for several months suffered from palpitations, attended with constriction over the whole chest, and pricking pains at the præcordial region, of so severe a kind, that she was frequently obliged to sit up in bed for several hours in the night time, being unable to bear the horizontal posture. Her face was swollen, and of a deep bluish tint; she complained of a constant singing in the ears; great difficulty of breathing, more especially after walking quickly or lifting any weight; occasional pains over the stomach and liver, and between the blade-bones; sickness; urine scanty and high coloured, depositing a brickdust-coloured sediment; diarrhoea. Stethoscopic examination showed there was no organic disease of the heart or lungs. I regarded the above symptoms as arising from functional derangement of the stomach and liver; and prescribed, at the outset, active aperients, and subsequently stomachic bitters, with antacids, mild alteratives, and inhalations of hydrocyanic acid, with strict injunctions to carefully avoid all indigestible, accecent, or flatulent kinds of food. This mode of treatment

was pursued for sixteen days, by which time a regular state of the secretions was induced and the palpitations and other symptoms were permanently relieved. I afterwards attended a relative of this patient, and heard that since the adoption of this treatment she had enjoyed a better state of health than she had ever experienced before.

REMARKS.—Irritation of the digestive mucous surface and disorder of the biliary apparatus, by their extensive influence on the sympathies of the frame, and immediate connexion with the vital organs of the brain, oftentimes produce much functional derangement of the heart. By tracing out the *origo et fons* of these pseudo-affections of the circulating organ, they will be found to quickly disappear by the employment of inhalations acting directly on the nervous sensorial power, and by having the bowels evacuated, and afterwards a healthy action of the capillaries of the mucous surfaces promoted, and followed up by vegetable tonics and strict attention to regimen.

CASE XII.—BRONCHITIS.

A gentleman, resident in Yorkshire, came up to town for the purpose of consulting me. He was reduced in strength and appearance, and had suffered for a considerable period from cough, attended with great spasmodic difficulty of breathing, which previous treatment had failed in correcting. A stethoscopic examination revealed chronic inflammation of the mucous membrane of the bronchi. The patient immediately commenced antispasmodic and sedative inhalations, and was sufficiently recovered in ten days to return home, and he was very shortly afterwards quite cured. About four months subsequent to this I was

much gratified by receiving the following note:—"I have the pleasure of introducing to you the bearer, a friend and neighbour of mine, whom I have recommended to consult you. With regard to myself, I have already intimated that I am in good health. I have no cough, nor do I expectorate, and I breathe with the wonted ease of youth. In short, all bronchial irritation has ceased; which I solely attribute, under the blessing of God, to having followed your inhaling treatment."

CASE XIII.—CONSUMPTION.

A married lady from Worcestershire, aged thirty-six, of delicate appearance and scrofulous habit of body, placed herself under my care, by the advice of a medical friend, from whom she had derived little or no benefit. She was greatly emaciated, and complained of much pain and tightness at the chest, with a distressing cough, accompanied with expectoration of purulent matter, occasionally tinged with blood; animal heat 100° ; respiration 30; pulse 120; hectic flushes; night perspirations; and stethoscopic signs of a cavity in the superior lobe of the left lung. The cough and other symptoms supervened after an attack of influenza. The treatment comprised inhalations of bromine (a preparation of iodine), nitro-muriatic lotions to the chest, with the internal exhibition of febrifuges, followed up by the *ol: jecin: aselli*. The lady remained under my treatment for five weeks, and then returned home, both looking and feeling an altered person. She has ever since been quite free from the slightest symptom of pulmonary disease, and her general health has been good.

CASE XIV.—CHRONIC COUGH, SIMULATING CONSUMPTION.

A young gentleman, aged twenty, an University student, of pallid and melancholy countenance, and nervous temperament, consulted me for a dry hacking cough, attended with difficulty of breathing on the slightest exertion, derangement of the stomach, and palpitations of the heart; which symptoms had existed, more or less, for two years. He was much emaciated and depressed in mind; his memory and mental faculties were greatly impaired; indeed, he was one of the most pitiable objects I ever beheld. It was believed that he was labouring under pulmonary disease, but the stethoscopic signs did not justify that opinion.

The hidden source of all this disturbance of the health I soon discovered to arise from youthful imprudence—from *moral*, not natural causes. The cough, and increased action of the heart, were quickly repressed in a most remarkable manner by sedative inhalations, and his general health was perfectly restored by the abandonment of pernicious habits, the aid of vegetable and mineral tonics, change of air, and horse exercise.

REMARKS.—Cases of this painful nature are too frequently presented to my notice. Mysterious in their nature, delicate in their manifestations, and secret in their causes, they too generally escape the observation, or elude the inquiry, of the practitioner; and, in truth, it may be affirmed, as I have elsewhere remarked (*on Mental and Nervous Disorders*, chap. vii.), that too little importance, and far too small an amount of investigation, have been bestowed upon these most grievous and depressing maladies. By the unaccountable neglect which this interesting branch

of medical science has experienced at the hands of those who, from previous education, physiological knowledge, and social and moral opportunity, were obviously most fitted for its elucidation, it has been, as it were, forced under the protection of shameless and extortionate empirics, who, from the peculiar delicacy and secrecy under which such subjects have been shrouded, have been enabled to amass wealth, from the threefold miserable victims of debility, ignorance, and rapacity.

In relation to this class of complaints the language of Dr. James Johnson is very explicit: he observes—"That the salutary boundaries of indulgence of even virtuous love are so very *unconsciously* overstepped, as to occasion a range of moral and physical evil in the human race that would startle the most stoical mind, were that range faithfully and accurately delineated: '*De tantillâ lætitiâ, quanta tristitia; post tantam voluptatem quam gravis miseria!*'" (*Bern. C. 3. Med.*) The investigation cannot be publicly conducted, but it may be privately prosecuted by the medical philosopher; and though a path but little explored, it will be found to lead, as Dr. Johnson remarks, to "most important conclusions in the development and treatment of many obscure and anomalous diseases."

I may here incidentally observe that physical and moral health are more closely connected than is sometimes supposed. Physical science therefore, revealing to us, as it does, a knowledge of ourselves, should become a part, and a most important part, of education; and this knowledge will effect, as a great pathologist has remarked, a greater improvement in the morals of mankind than all the sermons that ever have been, or ever will be, preached. Physiological igno-

rance is the most abundant source of our sufferings. Any person accustomed to the sick, must have heard them deplore their ignorance of the necessary consequences of those practices by which their bodily or mental health has been destroyed; and when men shall be deeply convinced that the eternal laws of Nature have connected pain and decrepitude with one mode of life, and health and vigour with another, they will avoid the former and adhere to the latter. And as actions are named immoral from their effects, self-love and morality are so far perfectly the same. Nor is this sort of morality likely to terminate in itself; for the acting with consideration and upon principle will extend from the selfish to the social actions, and regulate the whole conduct of life. At present there is beginning to appear in physiology and pathology something like the simplicity and certainty of truth; and in proportion as the laws of animal nature come to be ascertained, the study of them will be gradually esteemed more worthy of general attention, and it will finally prove one of the most popular, as well as the most curious and interesting, branches of philosophy.

CASE XV.—CHRONIC COUGH.

A lady of distinguished title, residing near Southampton, consulted me respecting her daughter, aged about 19, who had suffered for many months from a constant irritation in the throat, attended with cough and occasional difficulty of breathing. As the young lady was of a naturally delicate constitution, her parent feared (and not without good foundation) that the complaint, if not speedily overcome, might degenerate into consumption. Many eminent

provincial and metropolitan physicians had been fruitlessly consulted.

In sixteen days all the above symptoms were overcome by inhalations, and the patient has remained ever since quite well.

CASE XVI.—ULCERATION OF THE TONSILS AND UVULA.

A gentleman applied to me respecting a copper-coloured eruption of the skin, and ulceration of the tonsils and uvula, producing a hoarseness in the voice and difficulty in swallowing, which previous treatment had appeared rather to augment than relieve. From a minute inquiry into the case, it appeared to me that the symptoms proceeded more from injudicious long courses of mercury than the complaint (syphilis) for which they were given. The patient, from being stout, was now reduced almost to a skeleton. I prescribed inhalations of iodine, iodide of potassium, and the juice of conium, with small internal doses of the iodide of potassium, combined with nitric acid and sarsaparilla, and generous diet. Under this treatment he quickly rallied, and by the further assistance of country air quite regained his health.

REMARKS.—Inhalations of iodine, bromine, &c., will often prove of great efficacy in affections of the throat proceeding from secondary symptoms, or other causes.

CASE XVII.—CHRONIC COUGH AFTER INFLUENZA.

A gentleman, residing near Tring, who described himself as being of a spare habit and naturally weak constitution, consulted me, per letter, respecting a chronic cough (the

sequela of influenza), attended with viscid expectoration, soreness of the throat, pains at the chest, and impeded respiration, which had then existed, in despite of various ordinary remedies, for six weeks. As the cough was rather on the increase than decline, he feared that consumption might arise; and hence was induced by a former patient to communicate with me. Inhalations quickly allayed the cough and pectoral suffering, and in about ten days he was quite well.

REMARKS.—The pulmonary irritation, as detailed in the foregoing case, is very frequently followed, when neglected, by confirmed consumption—which, it must be observed, makes its progress in the most insidious and treacherous manner. Persons suffering from what is termed a “slight cold” are too apt to disregard it, and, in consequence of exposure to alternations of temperature and draughts, “a cough” is the result. This cough, which, at the commencement, is a mere local irritation, after existing a little time is often accompanied by some of the following symptoms:—occasional tenderness or tightness over the chest; shortness or quickness of breath on exertion, with a slight palpitation or accelerated action of the heart; languor, or indisposition to exertion, with, perhaps, feverishness or flushing of the face, and increased frequency of the pulse; want of refreshing sleep; a feeling of chilliness, more especially of the feet; softness and flabbiness of the flesh, and loss of strength of the hair, particularly in females, so that it cannot be kept in order as before, and sometimes falling off; occasional derangement of the stomach and liver; and an imperfect performance of periodical secretions. Either of, or all, these symptoms, *which are too commonly disregarded*, are found

associated with those of a consumptive habit; but there are a variety of forms in which the disease may develop itself, respecting which no general rule or description can be laid down. The progress of these symptoms is very uncertain: sometimes they alarmingly increase, and the patient sinks in a few weeks; while in others it may continue in its course for months, or even years.

Should this work fall into the hands of a non-medical reader who can detect in himself, in his wife, his child, relation, or friend, any such *tendency* to pulmonic disease, it is to be hoped that, upon being reminded of the fatal consequences of neglect, he will derive to himself a lesson of caution and circumspection, and instantly seek or recommend professional assistance. Let him not *wait*, as is, alas! too frequently done, until the disease has usurped a devastating reign in the system, which may resist every effort to control it.

Hundreds, nay, thousands of persons in the enjoyment of the best health at the commencement of the year, fall victims, before the close of it, to a neglected cold or cough. I do not assert that, in every such case submitted to the influence of inhalations, pulmonary or bronchial disease will not be developed; but of this I am morally certain, that, in a vast majority of instances, such will be the happy result.

In reference to the necessity of vigorously combating the slightest indications of pulmonary disease, Dr. Flood (On Tubercular Phthisis) truly observes,—“Except in a very small number of cases, we are not consulted at all until considerable progress has already been made in the disease; we may find our patient, at the very outset of our attendance, much emaciated with harassing cough, purulent expect-

toration, and occasional hæmoptysis; on application of the stethoscope, we may detect pectoriloquy, more or less distinct, leading to the suspicion of the existence of a tubercular cavity, and on percussion there may be considerable dulness over the upper and fore part of the chest, leading to the probability of much tuberculous induration—in short, we may find him in a state of confirmed Consumption. What is to be done? Are we, after listening and percussing and listening again, to shake our heads, and say, ‘My good friend, you are in a Consumption, nothing can be done to save you’? God forbid! The physician who intimates as much, though he does not say it in so many words, utters a libel on his art—for, although in such a case our prognosis ought to be exceedingly guarded, still much *may* be done, and much *ought* to be done. How? Not by setting out with the impression that the patient’s disease is incurable, and that temporary ease is all that we can promise him—not by prescribing potion after potion, with the view only of allaying some troublesome symptom—not by merely opening the bowels when they are confined, or confining them when they are open—not by promoting expectoration when too scanty, or checking it when too great: these, though they constitute nearly the whole of the present method of treating Consumption, could be accomplished by the veriest greenhorn who had spent but six months in his master’s dispensary, almost as effectually as the master himself. They are well enough, so far as they go, inasmuch as they may relieve the distress of the patient, but as curative means they are utterly worthless—nay, they are cruel, because this very relief lulls the patient into a false security, and induces him to think that he is making way against his disease, at

a time, perhaps, when he is on the verge of dissolution. No; we must take up arms boldly against the first great cause; it should be our endeavour to check the torrent itself, and not to occupy time, of which every moment is precious, in intercepting the straws which only serve to show how the current is running."

CASE XVIII.—INCIPIENT CONSUMPTION.

A young lady of strumous habit, residing at Rochester, consulted me, by the recommendation of a relative, a former patient, who had been restored from what had been deemed an incurable disease of the heart. She was much reduced in strength, and suffered from a hacking cough of nine months' duration, with shortness of breath; animal heat 101° ; constant pain over the left collar-bone, and tightness of the chest; pulse 95, furred tongue and loss of appetite, great depression of spirits, and irregularity of female constitution. I prescribed, at the outset, inhalations of iodine, but, the effect being unsatisfactory, I substituted the saturated solution of chlorine, combined with sedatives and expectorants, a counter-irritant over the clavicular region, gentle aperients, and afterwards preparations of quinine and steel. Treatment on this principle was pursued for three weeks, when the chest symptoms were overcome, she had increased in weight and strength, and was in a better state of health than she had been for a lengthened period.

REMARKS.—This interesting case came under my observation in the year 1844. The lady has since been married, and has had several children, who, with herself, are in robust health.

CASE XIX.—COUGH FOLLOWING MEASLES.

I was requested, in the spring of the year 1839, to visit a young lady, aged fourteen, of delicate appearance, whom I found suffering from a constant and most distressing dry cough, the consequence of an attack of measles, and which had existed for nine weeks. In addition to the cough, my little patient had experienced, for some days past, great oppression at the chest, with difficulty of breathing, feverishness, and palpitation of the heart. Inhalations of chlorine combined with a sedative were employed, with a little internal febrifuge medicine, by which means the cough, pectoral and other disturbance, quite ceased in seventeen days. At the expiration of that period I recommended her removal into the country, where her general health was completely restored.

REMARKS.—The parents of the young lady were most anxious as to the result of the treatment, having previously lost a child from consumption, induced by the same species of cough, which is a frequent source of inflammation of the substance of the lungs, and should on no account be disregarded, more especially when there is the slightest predisposition to pulmonary disease.

CASE XX.—CHRONIC BRONCHITIS.

The wife of a respectable tradesman, aged thirty-five, consulted me. She had been severely suffering for five years from cough, which was now attended with a mucopurulent and fibrinous expectoration, and difficulty of breathing. On listening to the chest there was no pectoriloquy,

cavernous rhoneus, or other physical sign indicating tubercular disease, although almost all the general symptoms which usually denote this disease were present; such as prostration of strength, emaciation, hectic flush, and nocturnal perspirations. By the administration of alterative and anti-spasmodic inhalations she rapidly got better, and remained tolerably well for three mouths, when, in consequence of taking cold, a slight relapse of the old symptoms occurred; they were again combated by the like means, and she perfectly recovered from the bronchial affection, and has remained in good health up to the present time.

REMARKS.—This satisfactory case was occasionally seen by a talented practitioner (the former attendant of the patient), who, since this occurrence, has taken much interest in my mode of treatment, and has employed it in many cases with the utmost advantage.

CASE XXI.—CHRONIC COUGH.

I was consulted, many years ago, by an aged lady, who had been subject to an hereditary cough the greater portion of her life. The lady appeared to be in tolerably good health, and she only complained of great distress and difficulty in dislodging the phlegm, more especially upon first waking in the morning, when she often feared that she should be suffocated. For the purpose of arousing and augmenting the nervous power in the bronchial tubes and lungs, from the loss of which the difficulty of expectorating mainly proceeded, I prescribed ammoniacal and balsamic inhalations, which completely accomplished the desired object.

CASE XXII.—CHRONIC NERVOUS COUGH.

A captain in the navy, residing at Portsmouth, whose constitution, it appeared, was much broken down by a residence in a tropical climate and intemperate habits, consulted me, for a chronic cough, to which he had been subject since his return to this country, a period of five months. He very minutely described his symptoms, which denoted great nervous debility, and a continued irritation of the mucous membrane of the bronchial tubes, with impeded breathing, and functional derangement of the liver and digestive organs. Sedative inhalations, together with a course of alteratives, and subsequently light vegetable tonics, quite removed the cough, and caused the digestive functions to be carried on with greater activity; in short, his general health and strength became better than it had been for very many previous years, and it has continued so up to the present time.

CASE XXIII.—LOSS OF VOICE.

A clergyman, residing in the country (who had paid much attention to the study of medicine), consulted me, per letter, respecting a friend who had for a long period complained of great irritation in the throat, and a weakness or relaxation of the chordæ vocales (or muscles concerned in the formation of the voice), attended with loss of voice, which rendered him quite incapable of performing his professional duties. The gentleman attributed the complaint to over exertion of the vocal organs. Many remedies had been tried in vain. I prescribed astringent and tonic inhalations, which in seven

days quite removed the irritation in the throat, and restored the voice. A slight return of the complaint took place some few months afterwards, but it was quickly overcome by the same remedies; since that period the gentleman has remained quite well.

REMARKS.—I have had numerous cases of aphonia in which inhalations have been successful after all other remedies had failed. So eminently valuable, indeed, are suitable inhalations in these common and distressing affections, that I scarcely remember an instance (where alone caused by excessive use of the voice in public speaking) in which their curative influence has not been speedily experienced and acknowledged by those who have adopted them. Their good effects would seem to arise, not only from acting directly on the part implicated, but also from imparting their influence, by a sympathetic action, to the nerves of the throat and bronchial tubes.

CASE XXIV.—NERVOUS AFFECTION OF THE LARYNX.

The subject of this distressing complaint was a lady of pale and melancholy aspect, suffering under great nervous irritation, produced by trouble and anxiety of mind. She complained of a choking sensation, and a peculiar “crowing” cough, somewhat similar in sound to the whooping-cough, caused by a spasmodic constriction of the glottis. Inhalations, to act locally on the part affected, and mineral tonics, to diminish nervous irritability and improve the general health, together with pure air, change of scene, and the use of the shower-bath, quite reinstated the health of the patient.

CASE XXV.—CHRONIC COUGH.

A lady, aged forty, of nervous temperament, who had, at times, for four years, suffered from cough, dependent upon irritation of the trachea, consulted me, June 27th, 1835. Inhalations of conium were at first prescribed, but without producing much benefit; subsequently belladonna was substituted, and removed the cough, the cessation of which greatly improved the general health. The cough remained quiet for nearly nine months, when it returned, although in a somewhat modified form; similar inhalations were again resorted to with complete success, and the lady has been quite well since that time.

CASE XXVI.—CHRONIC COUGH.

An elderly man, a commercial traveller, of naturally weak constitution, who had been suffering under, for some years, a spasmodic cough, consulted me in September, 1839. I prescribed anti-spasmodic inhalations, in conjunction with a sedative and expectorant. The patient started a few days afterwards upon a journey, so that I had not an opportunity of watching the effects; but subsequently I received a communication from him, stating that the remedies had given immediate relief, and that, by steadily persevering in their employment for six weeks, the cough had been permanently cured.

CASE XXVII.—CHRONIC COUGH.

A young unmarried lady, of slight figure and delicate constitution, consulted me in December, 1836, for a severe

cough, which had baffled medical treatment for ten months. She was greatly debilitated; pulse quick; slight and difficult expectoration; tongue feverish; bowels torpid. Stethoscopic examination gave no indication of pulmonary disease; but, upon pressing the trachea under the thyroid cartilage, the patient flinched, and informed me that all along there had been great tenderness at that part. It was evident to me that the case was one of chronic inflammation of the lining membrane of the trachea. The treatment consisted of the application of leeches and blisters to the throat, with saline aperients; by these means the local tenderness and the fever were very greatly relieved, and I then prescribed inhalations of chlorine and conium. The administration of the chlorine at first caused some little difficulty of breathing, and increased the cough; but the quantity and frequency of the inhalations being reduced, these unpleasant symptoms soon subsided, and in six weeks she had quite recovered. Simultaneously with the inhalations were given preparations of steel, to improve the general health, and they fully accomplished the object that was intended.

CASE XXVIII.—ASTHMA.

Many years ago I attended a married lady, aged about forty, who had been asthmatic for a considerable period. On the occasion of my first visit I found her lips of a deadly hue, the extremities cold, with a clammy perspiration, and she was fighting in extreme agony for breath, as if fearing immediate suffocation; the fit lasted for about twenty minutes, and was finally relieved by a copious expectoration of puriform matter. Her friends informed me

that she had been under medical treatment, but the remedies employed neither mitigated the distress nor altered the condition of the disease; and as her general health, which had been previously pretty good, now visibly declined, they became anxious about the result, and were desirous that she should put herself under my treatment. I prescribed balsamic and anti-spasmodic inhalations, with a very mild alterative medicinal course to improve the different functions, which were irregularly performed. Under this plan the dislodgment of the bronchial secretion was considerably facilitated, the difficulty of breathing removed, and by steadily pursuing the treatment advised for a short period she was cured of the complaint, and restored to a good state of health.

REMARKS.—The immediate cause of the spasm in asthma appears to consist in a morbid contractility in the bronchial tubes, so diminishing their calibre as to produce a very limited admission of air, and thus prevent the change of the blood from venous to arterial. Hence it will be observed that the most extraordinary efforts will be made by the patient, in endeavouring by every muscular movement to enlarge the capacity of the chest, and increase the expansion of the lungs.

There are scarcely any conditions of the body which present a stronger picture of physical distress than a very aggravated case of spasmodic asthma. The patient feels as if his chest were bound with cords, and the larynx grasped with a tight hand; at moments he dreads suffocation; he desires every window and door to be opened, that he may have as much air as possible; he heaves and gasps and breathes convulsively; the lips and cheeks become purple, changing to a

livid paleness; the eyes have a wild stare; the pulse is irregular, small, and quick; and a cold sweat starts out, and stands in drops over the forehead.

In many hundred cases of different species of asthma, in which the above distressing symptoms have been experienced, I have found treatment similar to that described in the preceding case—modified according to circumstances and idiosyncrasy—equally successful. In fact, there are but very few cases of this nature which may not be materially relieved by appropriate inhalations, both in the paroxysms and intervals.

When the object is to remove viscid phlegm, and prevent its formation, various expectorants may be added to the inhalations, which, by exciting the trachial or pulmonary exhalant vessels to secretion, produce a free and easy dislodgment of it. When ipecacuanha is administered as an emetic (which is desirable in some cases of asthma, characterised by a congested state of the mucous surface of the lungs, by obstruction of the bronchial tubes from accumulation of phlegm, or a torpid state of the liver and biliary apparatus), this remedy does not, by inhalation, cause that prostration of strength and disturbance of the system which follow from taking it by the stomach; at the same time, it creates a peculiarly beneficial topical effect.

The editor of the late '*British and Foreign Medical Review*' makes the following judicious remarks upon the efficacy of inhalations in asthmatic affections:—"We are disposed to look to this class of remedies with considerable hopes of success. Legitimate reasoning and strong analogy, at least, are in their favour; and it cannot now be denied that a good deal of direct experiment can also be brought

to testify in behalf of some of them. The most common, if not the general cause of asthma, is, as we have seen, permanent alteration of the mucous membrane of the bronchi frequently characterised by obvious signs and symptoms, sometimes only inferred from the morbid sensibility of the part to external influences. Although we know that similar affections of *other* parts are curable by general means, still we find that, when we are enabled to combine with these applications that act directly upon the seat of the disease, the result is frequently much more speedy and certain. This is the case in diseases of the external skin, of the stomach and bowels, and in various local affections of the mucous outlets of the body. We are well aware that applications of this kind are frequently very injurious, in place of being beneficial; but this is an argument against their improper use only. Every physician must have witnessed the extraordinary and instantaneous benefit afforded by local applications to the *urethra*, the *throat*, the *eye*, in cases which had been for weeks or months unrelieved by general treatment. In the dry catarrh [bronchitis] we have a morbid state of the mucous membrane very analogous to some of the affections now alluded to; and although, as in these, the injudicious or improper use of local applications is likely to increase irritation in place of allaying it, it does not certainly seem unreasonable, *à priori*, to expect that due care in *adapting the particular remedy to the individual case* might be followed by results equally happy. The history of asthma affords ample proof that the return of the paroxysms is very much influenced by the direct applications made accidentally to the bronchial membrane."

CASE XXIX.—NEURALGIA, OR NERVOUS AFFECTION OF THE HEART.

A young lady, of extremely nervous temperament (the daughter of an army officer), who had been subject, for upwards of nine months, to severe palpitation of, and occasional pains at, the heart, with a general oppression over the precordial region—consulted me. Her general health was tolerably good. An examination by the stethoscope and percussion denoted that there was no cardiac disease, and that the complaint arose from irritation of the nerves of the heart, aggravated by mental excitement from domestic causes. Friendly encouragement was given, and, in addition to routine remedies, sedative inhalations were employed, which allayed in a remarkable degree the inordinate action of the heart; in a short period the young lady quite recovered.

REMARKS.—The brain and spinal marrow supply, and the nerves convey, the power which regulates the functions, not only of the heart, but of every organ and tissue that enters into the composition of the human frame. Seeing this intimate relation between distant parts, it follows that, when the nerves are inordinately acted on by emotions of the mind, or other causes, such irritation will not be limited to their particular localities, but will be distributed throughout the whole system; thus the excitability of the heart, and consequently the momentum of the circulation, are preternaturally increased, and hence arise *palpitations*, or those tumultuous beatings of the heart which every person has at some time or other experienced.

When we reflect upon the vast influence of mental and

constitutional causes upon the human economy, we feel justified in thinking that each of these are often operating unseen, undisclosed, and unsuspected; we should therefore be especially careful to look to these points with as equally an inquisitive eye as we regard the outward forms of disease. I have been frequently consulted by patients labouring under nervous affections of the heart, in which there appeared no tangible or distinctive signs, as explaining the cause of the disease, and in which every measure had been tried having a rational principle for its basis, or that empiricism could hit upon, when a crisis, or some sudden change in the affairs of the patient, which he had long dreaded, or perhaps some long anticipated auspicious event, had arrived; by which means, the mind being relieved, some unknown modification of the nervous influence has resulted, and an almost instantaneous recovery has taken place, the pursuit of which had long been given up in despair.

The study of the nervous system, and its extraordinary influence on the animal economy, is one of the most important topics to which the attention of the practitioner can be directed; yet, notwithstanding nervous affections of the heart are so universally prevalent, and so distressing in their character, it is a remarkable fact, that the most celebrated authors who have written specially on complaints of the chest, including Laennec, Hope, Bouillard, Davis, and Andral, have dismissed the subject with a few general observations; and others, like Corvisart, have not even alluded to them. It is true that in some constitutions such nervous palpitations are of an unimportant nature, and will, occasionally, voluntarily cease; but in others, such desirable results do not follow: and it is an established fact, that,

should *functional* derangement of the heart be permitted to exist any lengthened period, *structural* disease of the organ frequently ensues; and thus an affection of the mere nervous tissue, oftentimes trivial in itself, degenerates into one of a serious, and perhaps fatal, character.

Great tact and experience are frequently requisite in discriminating between functional and structural disease of the heart. As the late distinguished Dr. Bayle has observed, "There are, in truth, few phenomena which puzzle, perplex, and lead into error the inexperienced (and sometimes the experienced) so much as inordinate action of the heart. He sees, or thinks he sees, some terrible cause for this tumult in the central organ of the circulation, and frames his diagnosis and prognosis accordingly. In the pride of his penetration, he renders miserable for a time his friends; and, by his direful countenance, damps the spirits of his patient: but ultimate recovery *not seldom* disappoints his fears, and the physician is mortified at his own success." Numerous cases have been presented to my notice, which, after being pronounced as incurable structural diseases of the heart, have proved to be only *symptomatic* of irritation existing in other, and perhaps remote, regions, and have readily yielded by a proper method of treatment being directed to the *actual* seat of disease.

These errors of diagnosis chiefly arise from the practitioner relying on sensations or functions only, which cannot of themselves (though doubtless they are valuable as auxiliaries) guide us to a proper treatment of cardiac disease. It is only from an enlightened recognition of the operation of external agents on vital functions—of the sympathies existing between distant organs—of the relation between

causes and effects—of the succession of morbid phenomena consequent upon primary changes—that a correct diagnosis, and a suitable and successful mode of practice can be founded.

The employment of medicated vapours, in diseases of the heart, is submitted to the notice of the profession, with a full confidence of their superiority over the ordinary practice of giving remedies by deglutition. The *modus operandi* of inhalation we consider to be the immediate application of an air, saturated with the active principles of the remedies employed, to the pulmonary nerves, which, being directly communicated from thence to the cardiac plexus, or the union of the eighth pair of nerves and great sympathetic, operates specifically upon the heart and its large vessels. On a future occasion I hope to extend my observations on the treatment of this interesting class of diseases.

CASE XXX.—CHRONIC COUGH.

A request was made that I should visit a lady at Birmingham, which (thanks to the expedition and facility of communication by railways) I was enabled to comply with. The patient, who was aged about thirty, of a lymphatic temperament, and enceinte, complained of a dry hacking cough, which had existed, more or less, for ten months, and was accompanied with loss of voice, tenderness at the throat, and great irritation throughout the whole of the upper part of the chest. The paroxysms of coughing were particularly distressing, and long continued, at night time; so much so as to destroy sleep, and to make her fear, as well as her medical attendant, that the incessant

coughing and straining might cause a miscarriage. The complaint originated with an attack of influenza. I had an opportunity of seeing the prescriptions which she had followed; and I found that every remedy used in ordinary practice had been fully and fairly tried, without producing any permanent, and but little temporary, benefit. In this case it appeared to me that the tissues of the mucous membrane of the air-passages and vessels were preternaturally dry, from their texture having been altered by cold, and that a morbid irritation of the coats of the air-tubes had in consequence been produced. The patient was directed to employ ætherial and balsamic inhalations. In twelve days the cough was cured, and there was an evident general improvement in all the functions of the system. About a month subsequently I heard from her intelligent accoucheur that she had been safely confined; and since that period she has retained her natural health.

CASE XXXI.—INCIPIENT CONSUMPTION.

A young lady, aged twenty-two, unmarried, of delicate constitution (residing at Gravesend), was placed under my care, labouring under the following symptoms: distressing cough, attended with a muco-purulent expectoration; difficulty of breathing, with occasional stitching pains over the left collar-bone; pulse low and intermittent; extreme debility, with loss of flesh; digestive organs out of order; tongue furred, appetite bad, animal heat at times very high. The cough originated from catching cold, which had been neglected, notwithstanding she had very recently lost a brother from consumption. On examination by the stetho-

scope, the respiratory murmur, more particularly at the left side, was unhealthy, and the action of the heart was slow and irregular. Inhalations of chlorine, with sedatives, were prescribed, combined with mild aperient and tonic medicines. The amendment under this treatment was so rapid, that she was enabled to return to her parents in three weeks. The remedies were continued, at my request, for eighteen days after her return home. At the expiration of that time I visited her, and found that she was quite free from all signs of pulmonary irritation. I then took the opportunity of calling upon the medical gentleman who had previously attended herself and family, and he, most kindly and generously, expressed his admiration of the treatment which had been so successfully adopted.

CASE XXXII.—CHRONIC COUGH.

A lady, residing at Manchester, consulted me, per letter, respecting her daughter, who was suffering from a severe cough, attended with much expectoration of thin frothy mucus, for the cure of which ordinary practice had failed. She had occasionally got better, but the cough sooner or later re-appeared, and became as troublesome as ever. The young lady commenced inhaling on March 20th, 1839, and was permanently cured in nineteen days, without the adoption of any other remedy.

CASE XXXIII.—PALPITATION OF THE HEART.

A young gentleman, a merchant, of pallid and reduced appearance, and of intemperate habits, consulted me in

1838, and stated that he had for a considerable time experienced a violent aching and pricking of the heart, attended with a feeling of internal agitation, and a difficulty of breathing, especially after walking fast, or meeting the wind. On exploring the chest, no organic disease was discoverable; and the inordinate action of the heart seemed to depend on extreme irritability of the nervous system generally, and more especially of the nerves of the heart. The stomach was much disordered; and I attributed the difficulty of breathing, in some degree, to the effect of flatulence, which, by resisting the descent of the muscles concerned in respiration, impeded the free working of the lungs. Sedative inhalations were prescribed, in conjunction with internal bitters and antacids, a restorative regimen, and a quiet, regular, and temperate mode of living. He shortly quite recovered.

REMARKS.—These affections of the heart are very frequently met with in practice, and especially by those medical men who have devoted much attention to this class of complaints; nor can the prevalence of them be surprising, when it is remembered how delicate and sensitive is the heart in its texture, considering the office it has to perform, viz. that of constantly overcoming a resistance, and of propelling forward a fluid by a succession of contractions, the average rapidity of which is seventy or eighty times in every minute of our existence. We see that these motions of the heart may be made either too slow or too fast, and may be influenced (by a reflex sympathy with different parts of the nervous system) and deranged by an infinity of circumstances: among them may be more particularly named,—debility, from intemperate or vicious habits; a pre-

mature, or too great, exercise of the mental powers; indigestion; neglected state of the bowels, leading to accumulations of deranged secretions in the *prima via*; a torpid state of the liver, womb, kidneys, and other secreting and assimilating organs; intense cold or extreme heat of temperature; sedentary occupation; scrofula and rheumatism; also plethora; from some of these morbid impressions the action of the heart may be accelerated to an extraordinary degree, and, from others, depressed almost to cessation. Most of these sympathetic affections, which are, as I have before remarked, often mistaken for structural diseases, quickly yield to judicious treatment.

CASE XXXIV.—EFFUSIONS OF FLUID INTO THE PLEURA AND HEART.

I was requested some years ago, by a medical friend, to visit a patient who had partially recovered from an attack of acute pleurisy. He was a young man, aged about twenty, of plethoric habit, and the attack had been promptly combated by leeching, blistering, and mercurials. Upon recovering from the acute symptoms, a very large quantity of fluid had accumulated at the pleura; and, as it had resisted for three weeks the remedies ordinarily employed, and appeared likely to fatally oppress the vital functions, if not speedily checked or absorbed, my friend was desirous of consulting with me upon the case. I suggested a trial of inhalations of iodine, and the application of a liniment of the same remedy, with gentle friction to the chest. Some of the usual diuretic remedies were also internally administered. In a short time a weak respiratory murmur was detected by the

stethoscope, which had been previously quite inaudible; and the physical and general signs, in a brief period, denoted a perfect recovery.

REMARKS.—I have repeatedly treated, with the best effects, morbid effusions of coagulable lymph and serum into the pleura, and into the cellular membrane and substance of the heart, with inhalations of iodine—the most powerful and valuable absorbent we possess; and I strongly urge upon my professional brethren the importance and efficacy of this mode of practice, which I believe to be founded on sound physiological and pathological principles. In the present instance, iodine, digitalis, and other remedies, had been administered by the stomach (previously to my attending the case), but they produced little or no diminution of the effused fluid, and caused great derangement of the digestive organs.

CASE XXXV.—HÆMOPTYSIS, OR SPITTING OF BLOOD.

A young gentleman, aged twenty-one, of slight make and languid vitality, consulted me, and stated that he had been subject to a slight cough and occasional spitting of blood, occurring to the amount of half an ounce to an ounce or more, for the last eighteen months; and as the latter symptoms had of late much increased in quantity and frequency, and had withstood the ordinary remedies, he now placed himself under my care. An examination of the chest made it apparent to me that the blood exuded from the mucous surfaces of the membrane of the bronchial tubes, and that the complaint, which had been looked upon as the *avant courier* of consumption, would be speedily cured. I

prescribed volatile astringent inhalations, in conjunction with cold bathing of the chest. In a few days the expectoration was very slightly tinged with blood, and the cough had nearly ceased. In twenty days he had quite recovered. This case happened in the year 1840, and the gentleman has remained in tolerably good health up to the present time, and has been quite free from the preceding symptoms.

REMARKS.—Complaints of this kind fall almost daily under my observation; and the result of the plan of treatment by inhalation has convinced me that it is the only rational and successful way of bringing about a healthy state of the tissues of these parts, and a more natural condition of their actions, secretions, and circulations. It is, perhaps, necessary to observe, that in this affection inhaling remedies should be used in a fluid of the same temperature as that of the atmosphere, in which, however, their active medicinal qualities or principles are perfectly soluble and diffusible. The simultaneous internal administration of tannic, gallic, or sulphuric acids, combined with sedatives, and also the tincture of matricaria, acetate of lead, &c., will occasionally be found important adjuncts to the inhaling remedies.

Any discharge of florid blood, however inconsiderable the quantity may be, should always receive the earliest and best consideration of the physician, especially if it be preceded by flushed cheeks, difficulty of breathing, or any other symptoms indicating the approach of phthisis. But a spitting of blood, although it commonly denotes an unsound condition of the lungs, may sometimes be the whole complaint, so that not even a cough shall be joined to it, and the fluid will be brought up with as trifling effort as the easiest phlegm, and with as little danger as from the hæmorrhoidal vessels or

those of the nose, especially if it happen after the meridian of life. A near relation of mine has been constantly subject to these effusions from the lungs for the last twenty-five years, and yet, from her appearance and general good health, there is every probability of her attaining a great age. In this instance, however, the hæmoptysis would appear to arise from the suppression of an accustomed discharge, and not from pulmonary disease. In the latter case it is always doubtful whether the ruptured vessel will heal, and much fear is to be apprehended from the fresh jets, by which the extravasated blood becomes deposited, and forms a perpetual stimulus to an irritable organ.

CASE XXXVI.—CHRONIC LARYNGITIS.

A medical gentleman, residing in Suffolk, consulted me for a chronic affection of the larynx, which had existed for upwards of seven years, and had latterly become so severe as to incapacitate him from attending to his profession. He was much reduced in strength and appearance, and, as the usual medicinal means had failed, he now contemplated going to a warmer climate, and relinquishing practice. Before finally determining upon a step so detrimental to his domestic interests, he was desirous of trying my plan of treatment by inhalation. After adopting inhalations of iodine and conium, with counter-irritation, for a short time, I had the extreme gratification of hearing from my friend that he had derived the greatest possible benefit from them, and that (although not cured) he was so far recovered as to be enabled to undertake, without inconvenience, his professional duties.

CASE XXXVII.—MUCOUS CATARRH, SIMULATING CONSUMPTION.

In the spring of 1840 I was requested to visit a young lady, unmarried, aged twenty, who had been suffering from influenza for two months, during the greater portion of which she had been confined to her bed. The medical gentleman, by whom I was called in consultation, considered her to be in the latter stage of pulmonary consumption. I found the patient much emaciated, and constantly tormented with a distressing cough and difficulty of breathing. The expectoration was puriform, extremely fetid, and copious, but not (as the microscope showed) tuberculous. The countenance was anxious and flushed; the secretions morbid; animal heat, 99° ; the circulation very rapid; and acute pain upon pressing the lower part of the throat. Upon making a close stethoscopic examination of the chest, a mucous rattle was discernible, attended with a peculiar sort of hissing or wheezing noise, and the respiration was inaudible over the whole of the chest; but I could discover no cavernous respiration—no pectoriloquy, or any other sound which denoted tuberculous disease. I looked upon the case as being mucous catarrh, and communicated this opinion to my friend, who, however, still adhered to his former diagnosis. The plan of treatment consisted in removing the local congestion by the application of leeches to that part of the throat which was tender upon pressure; in facilitating the expectoration, and allaying irritation in the bronchial tubes, by inhalations of chlorine and conium, and administering such remedies as were calculated to improve the tone of the vessels of the bronchial tubes, and of the

system generally. The symptoms proved obstinate, but they eventually yielded, and she quite recovered. The lady, who has since married, and become the mother of a fine healthy child, is now perfectly well.

REMARKS.—In relating this case I am forcibly reminded of the perseverance exhibited by the patient in fully carrying out the prescribed treatment, and her unfaltering confidence (amidst many discouraging circumstances) in its efficacy.

When the mind partakes largely of the complaint, as in the above instance, a feeling of hope and encouragement awakened in the breast of the patient will often be found one of the most valuable auxiliaries of which we can avail ourselves. To forcibly point out and convince him of the probability that he will find a cure in any particular plan of treatment, is to half bring about a recovery; while unfounded and continued anxiety of mind and mistrust will counteract and render abortive the best directed efforts that may be made for his cure. Whenever a feeling of confidence prevails, whatever may be the ailment, the mode of treatment is always less difficult to the physician, and more beneficial to the patient.—*Plures sanat in quem plures confidunt.*

CASE XXXVIII.—CHRONIC COUGH.

A gentleman, residing at Oxford, aged fifty, consulted me for a cough of two years' standing, attended with expectoration of tough mucus, hoarseness, and a feeling of soreness at the top of the windpipe. In consequence of the failure of the usual remedies, he had requested his

medical adviser to try medicated inhalations; but after a long course of treatment they proved equally unsuccessful. Notwithstanding this circumstance, the patient still felt assured that it was the only mode of practice from which he could reasonably hope to derive relief, and in consequence came to town and placed himself under my care. From a minute examination of the chest, there appeared to be no signs of tuberculous disease, the only unnatural sound being a hard, grating noise accompanying the passage of the air through the larynx; and it seemed to me that the cough arose from chronic inflammation of the larynx. I prescribed inhalations of chlorine and belladonna, combined with the external application of the acetum cantharides to the throat. In ten days the cough was much quieter, and the patient returned to the country delighted with the prospect of recovery; nor were those hopes disappointed, for, by regularly using the remedies for three weeks, the complaint was completely removed.

REMARKS.—In this case the inhalations which had been previously given were not only the very reverse in their nature and operation of those which I successfully prescribed, but they had also been improperly prepared—the common tinctures having been substituted for the juices; neither had a proper inhaler been used. *This is only one of numerous instances I could cite, in which the success of inhalation has been thwarted by an improper mode of administration.* The practitioner in question had been frequently known to express his doubts of the value of inhalation; but the successful issue in this case, and in others which subsequently came under his observation, convinced him that his scepticism really proceeded *from want of practice in this plan of*

treating disease, in which experience and nice judgment are essentially requisite to secure those happy results which almost invariably arise from its *proper* application.

CASE XXXIX.—CHRONIC LARYNGITIS.

The following case came under my treatment in the year 1851 :—

“ — Parsonage, Yorkshire.

“DEAR DOCTOR,—I am severely suffering, both mentally and physically, from a grievous malady of the respiratory organs, which medical treatment has appeared to me to have rather aggravated than modified—‘*incidit in Scyllam qui vult vitare Charybdim.*’

“Feeling so much the force of this proverb, I had almost determined to entirely give up all further physicking, and leave Nature alone to do her work; but I have met with an old college friend, and a former patient of yours, the Rev. Dr. ———, who has strongly urged me to try your mode of practice by inhalation.

“Now, my dear sir, I have not only patiently listened to the statements and arguments of my friend, but have also perused with much attention your interesting work on inhalation, and my feelings tell me that your views on that subject are correct. I have long seen the necessity of employing some topical application to the inflamed bronchial tubes and lungs, and am, in all other points of view, well satisfied of the reasonableness and value of your plan of treatment.

“Being quite incapable of undertaking the long journey to London, I have deputed a friend (the bearer) to wait

upon you and make the necessary arrangements for your paying me a visit here as soon as practicable. Being most anxious to see you, pray make an early appointment, bearing in mind, *Bis dat qui cito dat.*

“I am

“Yours faithfully,

“—— ———.

“ALFRED B. MADDOCK, M.D.

“P.S. I have enclosed a statement, which, although crude and rough, may yet afford you a slight insight as to the real nature of my case, before personally consulting with me.”

The statement above referred to was verbatim as follows:—“My disease made its appearance with the ordinary symptoms of a severe cold attended with cough. I had little or no difficulty of breathing, except when ascending stairs, or making any quick movement, when both respiration and the action of the heart became slightly quickened. I had some tenderness about the throat, especially after much talking or reading aloud. Ever since this period, now ten months since, the cough has been gradually getting worse and worse, and my voice is now so weak that I am unable to make myself understood, so that I am obliged to keep a slate by my side to make known my wants and wishes. My heart sometimes beats violently; my memory is greatly impaired; I have no aptitude for study, or capacity for any intellectual occupation. The whole system, both as regards mind and body, is shattered; my existence is, I fear, a mere animal one.

“At the outset of the attack I weighed nearly 13 stone, but am now reduced to less than 10 stone, and am still

losing flesh and strength. My cough is incessant, attended with expectoration of a reddish-brown (rusty, as I think it is called) colour, and sometimes an attempt to swallow solid food is accompanied with a peculiar spasmodic feeling, which seems to threaten me with suffocation. The only way I can then find relief is by sitting up erect, and being fanned, and having all the windows and doors opened for the admission of more air.

“I should have stated at the commencement that I am aged forty-seven, married, without family, of naturally good constitution, and think you will say tolerably well-formed about the chest.”

With the least possible delay I visited this patient, whom I found propped up in bed by pillows, looking the picture of misery and suffering. His breathing was laborious, attended with a constant cough and difficult expectoration; the voice was gone. General prostration of strength, accompanied with mental anxiety, and with more or less functional derangement of all the secretive and excretive functions. Much tenderness at the larynx, especially on pressure, with chronic inflammation of its mucous and submucous textures, and enlargement of the mucous follicles. A peculiar valvular sound was emitted from the jugular vein; quickened pulse; respiration 35; animal heat 104°. A slight dulness at the left side, under the scapular ridge, but no rhoncus in any part of the chest. The impulse of the heart was of an abrupt bounding character, accompanied by venous and arterial murmurs, but no decided symptoms of organic disease.

The treatment consisted of sedative inhalations, followed

up by those of an alterative and astringent character; insufflations of nitrate of bismuth; a succession of those counter-irritants which produce a discharge of pus from the cutis; with occasional aperients.

At the expiration of six days the results of the prescribed treatment were communicated to me by the patient in the following words:—"My breathing is certainly improved, and the cough, although still distressing, is not so incessant as it was before I commenced the inhalations. I have rested better at night. My voice is still inaudible, but there is not nearly so much of that peculiar rawness or roughness which I mentioned to you at our interview as experiencing in the throat. I consider that the counter-irritant has been beneficial, and shall continue it until I hear further from you. I find the inhalations delightfully soothing to the breathing-tubes, and in fact they appear to calm the whole system, for I always feel more comfortable in myself after using them. Perceiving that your prescription contains a sedative, I am induced to tell you, as a curious and interesting fact in favour of your mode of practice, that, previous to consulting you, my doctors ordered several times sedatives to be taken by the stomach; but I could never continue them on account of the dizziness, sick headache, and constipation which invariably followed. I hope that you will not consider it necessary to make any alteration in the present inhaling remedies, for I am well assured that they are most applicable to my present symptoms; but this is a mere suggestion on my part, and of course leave the matter to your better judgment." * * * After the receipt of other encouraging letters, and at the end of five weeks, the patient gave the following report:—"When I last wrote

I told you that my voice was so far improved that I was able to converse in a whisper. I am now thankful and gratified to inform you that it is gradually getting stronger and stronger, and coming round to its wonted deepness of tone. The cough is nearly gone, and is attended with scarcely any expectoration, except the first thing in the morning, when a little is dislodged, but without any difficulty. I breathe without effort, and have no pain or tightness at the chest upon making a deep cough or inspiration. I can count 30 without taking a breath. Those frightful spasmodic attacks to which I was formerly liable have wholly ceased for some time. The chief—I was going to say the only—thing I complain of is weakness, with occasional mental despondency.”

The general health of the patient was now improved, by the exhibition of mineral tonics, generous diet, the cold shower-bath, and by paying strict attention to the condition of the stomach and bowels. At the termination of a period of nine weeks from the commencement of the treatment I had the happiness of receiving the ensuing statement:—“I am daily gaining flesh and strength. I breathe as well as I ever did in my life, and the cough has wholly ceased. My voice is so strong and firm that last Sunday I was enabled to perform full duty (and my church is a large one) without suffering any inconvenience therefrom. My appetite is good—headache gone—and spirits excellent. In short, I am now in capital health. I often thank God that I ever heard of you, and pray that He may reward you both in this world and in that which is to come.” The patient has remained quite well up to the present time.

CASE XL.—CONSUMPTION.

A lady aged forty, of slight make and scrofulous constitution, consulted me for a chronic cough attended with extreme debility and emaciation. The lady stated that she had, in early life, two severe attacks of pleurisy, from the effects of which she had never quite recovered. Her general appearance entirely assumed the aspect of a consumptive patient, and the stethoscope afforded signs of pectoriloquism at the humoral extremity of the right clavicle, and on percussion the sound was found to be dull all over this portion of the chest. The pulse varied from 105 to 115; the animal heat 101° ; she could not count more than seven without taking a breath; the inspirations 31 in a minute. The expectoration was profuse, and she occasionally suffered from night perspirations. The slightest change in the wind or temperature gave her cold, and made the cough almost unendurable: the tongue was coated; the appetite impaired; the bowels very loose; and she complained of want of sleep.

I prescribed a preparation of iodine and conium, to be inhaled twice daily, and a vesicating and iodine liniment to be applied over that portion of the chest where the pulmonary disease existed. The trisnitate of bismuth was taken internally to overcome the diarrhœa. At the end of a fortnight a slight beneficial change had taken place both in the nature and quantity of the expectoration, and the cough was less frequent. The diarrhœa had quite ceased, and she expressed herself as feeling stronger and better in every respect. I now increased the strength of the inhalations, and prescribed the *oleum morrhuæ* (cod-liver oil) to

be taken twice a day in an aromatic bitter. In six weeks the cough was overcome, and she was quite free from those violent paroxysms which had formerly so distressed her, and the perspirations had ceased. Her flesh had increased in a more remarkable manner than I had ever before witnessed. The same treatment, modified according to symptoms and circumstances, was steadily persevered in for rather more than three months, by which period the cough had quite ceased, the pectoriloquism was changed for a mere resonance, and she was restored to average good health.

REMARKS.—The above case (which, I was given to understand, had been pronounced a hopeless one) very strongly exhibits the curative influence of medicated inhalations, and also the beneficial effects of cod-liver oil in fattening the consumptive patient; and this is of very great importance in the treatment of those diseases where, by the wasting of their natural covering, the superficial vessels are exposed to the influence of every change of temperature in the air. The shielding of the vessels from the influence of cold, by an increased deposition of adipose matter, appears to be one of the chief objects gained by the use of the oil.

The great merit of cod-liver oil as a nutriment lies in the fact that it is an animal oil, so easy of assimilation as scarcely to require digestion. It is really doubtful whether it undergoes any material change in the stomach. It seems to be simply absorbed and deposited as fat in the cellular tissue beneath the skin, thereby forming an additional covering to the body, thick in some parts and thin in others, as nature requires to protect the sensitive and vital parts beneath.

The influence of a good covering of fat is strongly illus-

trated in the difference in the sensations experienced by *fat* and *lean* people on a cold winter's day. Fat people then become unusually blithe and gay, their eyes sparkle, their complexion is fresh and clear, and they show us in all their actions that they are in a congenial element. Thin, meagre, lean people, on the other hand, *shrink* up within themselves, the skin becomes *blue*, the teeth *chatter*, and every gust of wind seems to make a ready passage through their attenuated forms. Reverse the weather, and we change instantly their condition. On a hot summer's day the "shadow of a man" is in capital spirits, and ready for any enjoyment; while the fat man, *per contra*, puffs and blows and perspires like an overstrained engine.

This simple illustration will serve to show why cod-liver oil is so much more beneficial in *cold* than in *hot* weather, and why it benefits consumptives *after* the body has begun to waste, and not before. When the system requires the *nourishing* and *protecting* influence of the oil, it will generally agree; but I have never seen any good to result from its use until after the patient began to lose flesh. In the winter a covering of *fat* and a covering of *flannel* exert a similar influence—they protect the superficial vessels from the impression of cold, and keep up the circulation of the surface.

Cod-liver oil is unquestionably a valuable nourishment in certain chronic diseases attended by wasting of the body, among which consumption is the most prominent and important. But I cannot regard it as a medicine. To do so would be to remove all distinctions between *food* and medicine. I believe, in fact, that it is wholly devoid of medicinal properties. Were not this the case, we should

find it *most* beneficial in the *earliest* stage of consumption, yet we know it to be most beneficial in the *third* stage, after suppuration has commenced—and at that period of the year most favourable to the cure of this disease, viz. the summer and early autumn, when in reality experience establishes the very reverse to be true.

And yet, for several years, cod-liver oil has been almost the only medicine prescribed for the cure of pulmonary diseases. It has been emphatically THE GREAT REMEDY of the profession, and no nostrum was ever more empirically administered. In all stages and forms of consumption, and under every variety of circumstances which surround this disease, it has been given almost as a specific. Now what are the results attained by its use? The bills of mortality show an increase in the number of deaths from pulmonary diseases equal to, if not greater than, the ratio of increase in the population. There has been no decrease in either their prevalence or their mortality. The sales of the oil have steadily decreased for several years, until it is questionable whether for every six gallons consumed three years ago one is consumed to-day. *Then* everybody hoped miracles from its use as a medicine—*now* comparatively few persons can be induced to take it even as a *nourishment*. From one absurd extreme we are fast verging to the opposite.

Now, clearly, all this is very foolish and very wrong. Cod-liver oil has certainly failed as a medicine, but it has firmly established its claims as an important article of diet in many exhausting diseases. Properly employed, and in suitable cases, it supplies the system with a peculiar nourishment required to counteract the waste going on, and at the same time saves the stomach from much labour in digestion.

It is therefore an important dietetic aid to a proper and rational treatment of many cases of consumption, and should be so esteemed by the public and the profession.

CASE XLI.—CHRONIC COUGH, WITH LOSS OF VOICE.

The following interesting case came under my observation :—

“Liverpool, July 17th, 1846.

“DEAR SIR,—Two friends of mine, Mrs. ——— of this city, and Mrs. ——— of Manchester (the former you will probably remember suffered under consumption, and the latter from severe asthma), assure me that they were perfectly restored by medicated inhalations to a state of health, after their cases had been considered as irremediable. From these very favourable accounts of your mode of practice, I am induced to lay my own case before you, which has hitherto baffled all treatment.

“I may mention that among other physicians who have professionally attended me, are included Drs. ——— and ——— of this place, and Dr. ——— of Manchester. All these gentlemen rank very high in this part of the country, and to each of them am I indebted for much kindness and attention. Indeed, I am well convinced that, if the *ordinary* mode of treatment were *capable* of curing my ailment (which a sad experience now convinces me it can *never* do), I should have no cause to address you upon the present occasion.

“My age is forty-one, married, the mother of three children. I am of slight stature, fair complexion, but should say of an average good constitution. My parents

are alive and have attained a good age, although neither of them ever looked very robust. I lost one child by croup, but the others are healthy.

“In the year 1840 I had a very severe attack of influenza, which confined me to the house for nearly two months, and ever since that time I have been subject to a ‘winter cough,’ attended with profuse expectoration, requiring long-continued and distressing efforts in its expulsion; palpitation of the heart; shortness of breath; and a peculiar wheezing or hissing noise in the throat, more especially when going up stairs. All these symptoms have heretofore disappeared at this season of the year, but I grieve to say that I now feel worse, and suffer more inconvenience, than I ever did, even in the winter months, for my voice is nearly gone (which never happened before), and I have a most painful difficulty in speaking, even in a whisper.

“I fear that my digestive organs were much impaired by the constant exhibition of ‘cough medicines,’ for ever since I abandoned the use of them (now about three weeks ago) I have gradually gained flesh and strength—all the functions of the system, indeed, now appear to be healthfully performed, with the exception of those allotted to the bronchial tubes. I feel, however, very nervous, which I chiefly attribute to loss of sleep at night from the urgency of the cough, and now write under great dejection of spirits.

“I shall be very glad to find that you can treat my case by correspondence; but my husband requests me to say, if a personal interview with me is *indispensable*, that he will gladly make an arrangement with you (as I cannot myself bear the fatigue of so long a journey) for paying me a professional visit.

“Hoping that you will give this statement your earliest consideration, and anxiously awaiting your reply, I beg to subscribe myself,

“Yours truly,

“——— ———.

“To ALFRED B. MADDOCK, M.D.”

I visited this patient and immediately put her on the plan of inhalation, as laid down in former cases, and recommended her to abstain from taking every kind of internal medicine. In six days after the commencement of my treatment I heard from her as follows:—“My whole chest has been soothed and comforted by the inhaling remedies, the cough is decidedly quieter, and my voice, in the brief space of three days, was completely restored.” At the termination of thirteen days I received the following report:—“My voice continues well, the cough is still more alleviated than when I last wrote, and the expectoration, which, when I first consulted you, was more than a pint in the twenty-four hours, is now diminished to about an ounce in that time, and is disengaged without any difficulty. * * * I have already attained a better state of health than I could have contemplated, and now confidently hope, by strictly carrying out your injunctions in every respect, that I shall be quite restored.”

In five weeks all bronchial irritation had ceased, and the patient's expectation of recovery was fully realised. On a subsequent professional visit to Liverpool, I had the great satisfaction of congratulating the lady on her continued good health.

CASE XLII.—CHRONIC COUGH, WITH RELAXATION OF THE THROAT.

A gentleman, resident in Bristol, consulted me in the year 1851, and, previous to our meeting, forwarded the following statement, which I give *ipsissimis verbis*:—"I am aged 45—married, with a family—height five feet ten inches—slight make—temperate habits. Three years ago I caught a severe cold, which was attended with much irritation at the back part of the throat, and of the membrane of the nose. These symptoms were shortly afterwards accompanied by cough, from which I have more or less ever since suffered. In the morning I cough six or seven times, and bring up a dark gray matter each time about the size of a common nut, and sometimes rather larger; and it appears to me as if it came from the top of the throat, which is much relaxed. During the day I expectorate a little stringy matter, which I suppose proceeds from the bronchial tubes. I am always worse in warm damp weather, and more especially when rain is approaching. At one time I could sing tolerably well, but cannot do so now. I sleep indifferently. The first two years I tried seven different physicians (some of them men of eminence), and have taken, I may say, *buckets* of medicine, without deriving any benefit. I have latterly been treated by a homœopathic practitioner, but without any advantage; and am now so perfectly disgusted with 'doctor's stuff' (as the peasantry call it about here) that it is my firm determination not to take any more, even in *infinitesimal* doses. I mentioned this resolution to Mr. —, a patient of yours, and he has urged me to try your mode of practice by inhalation. To this plan of administra-

tion I have no objection whatever, but assure you that my stomach positively recoils at the very idea of having any more internal physicking. Can you satisfactorily treat my case, under such circumstances? if so, I shall be too glad to avail myself of your services. In conclusion, I should add that I have not at the present time much to complain of as to my general health, which has been gradually improving since I discarded medicine. My ailment seems to me to be chiefly, if not wholly, of a local character."

I did not hesitate to undertake, upon the terms implied, the treatment of this case, which consisted of balsamic and astringent inhalations, varied according to circumstances. By these means, aided by tannic acid gargles, together with the occasional employment of an outward application to the throat composed of *sodæ muriat.*, *g. camph.*, *aq. am. fort.* and *sp. vin. rect.*, I entirely removed, in three weeks, the cough and all bronchial irritation. The gentleman, in reply to a letter which I lately addressed him, assured me that he had "no return of the complaint" for which I attended him, and that he "enjoyed most excellent health."

REMARKS.—Although medicated inhalations must be regarded in many complicated affections of the respiratory organs rather as powerful auxiliaries than being *per se* sufficient, yet I frequently meet with different species of cough and bronchial irritation which are susceptible of cure (as exemplified in this and the preceding case) without the intervention of any other remedial means. Catarrhus cough most frequently arises from some degree of inflammation of the pituitary lining of the organs of respiration; and if the disorder of the membrane is only the effects of a cause which is topical, it becomes reasonable to suppose that a well-adapted local remedy would be

productive of the same good consequence in this as in other species of inflammation.

But there is another advantage which inhaled medicines have over those given in a solid or fluid form, to which allusion has not yet been made : medicines act with greater power and more speedily when minutely divided, just as the solution of any substance takes place most rapidly after the cohesion of its particles has been overcome. The more completely the *cohesion*, which holds together the active elements of medicinal substances, is overcome before their administration, the more rapid and salutary are found to be their effects. The daily experience of every physician proves this, and its rationale can easily be understood. Before crude medicines can exert any action upon the system, they must be decomposed in the stomach and their active principles eliminated. Until this separation has taken place, they cannot extend their action beyond this organ. Poisons, even of the most deadly character, have been known to lie in the stomach for hours, and afterwards to be washed out, without having exerted any injury upon the system. Others, again, prove fatal within a few moments of the time they are swallowed. The difference in these effects springs from the difference in the subtilty of the medicines themselves. Chloride of mercury (calomel) has been taken from the stomach twenty-four hours after it was administered, in a perfectly unchanged state, and might for that reason have been washed and put back again into the bottle. The fumes of mercury, on the contrary, pervade the system almost instantaneously.

These illustrations will serve to explain the difference between crude medicines and medicinal vapours. Medicated vapours are medicines in their most attenuated and delicate

form ; they are the minutest possible division of solid and fluid substances ; they are the essences separated from the crudity, and their subtlety causes them to act with the rapidity of touch. A grain reduced to vapour is more active than a grain given in substance, and will produce more effect upon the system. It follows, therefore, that, as a rule, small doses in a state of vapour will answer the same purpose that large ones do in the solid state.

Inhalation, then, in the treatment of consumption and chronic affections of the organs of respiration, is the only rational and proper treatment, not only because it is *direct*, and conveys the medicines to *cure*, to the part to be *cured*, but because it conveys them in the form best adapted to prompt action. It may be laid down as an axiom, that medicines act with increased power in proportion to the divisibility of their particles. Inhalation, therefore, not only saves the system from wholesale drugging, by diminishing the doses of medicines, but it saves the healthy organism from injurious action—by limiting their *direct* influence to the parts which require their aid.

The practice of administering medicines by inhalation is not only based on rational principles, but is in itself an elegant process. It is *rational*, because it is simple, direct, and natural. It is *elegant*, because it is free from disagreeable taste to the patient, and does not, like medicines given by the stomach, excite disgust or nausea. No man swallows drugs in the form of “*pills*,” or “*mixtures*,” or “*powders*,” without a strong effort of the will. He *tolerates* them when he is sick as a *disagreeable necessity*. Often, indeed, he neglects his disease, until confirmed, through his aversion to take medicines. Inhalation, on the contrary,

may be employed by the most delicate and sensitive invalid without exciting one unpleasant feeling. The most powerful medicines can in this manner be conveyed into the system, and all their beneficial effects obtained, without producing the slightest discomfort.

CASE XLIII.—SIMULATED CONSUMPTION WITH MENTAL EXHAUSTION.

A gentleman, aged 49, had been suffering for eight months from severe cough, attended with increased bronchial secretion. For the last three weeks he had experienced great difficulty of breathing and palpitation of the heart, lost flesh, and occasionally suffered from night perspirations. These symptoms, which he had been told were sure indications of pulmonary disease, greatly alarmed him (there being a predisposition in his family to consumption), and brought him into a miserably dejected state. His friends particularly directed my attention to the fact that, whenever the cough was aggravated by taking cold, or the action of the heart accelerated by extra exertion, or any other cause, his mind then became unusually excited, and his general conduct violent and overbearing.

The general appearance of this gentleman certainly favoured the conclusion that he was labouring under tuberculous disease, but on applying the stethoscope, and testing the vital capacity of the lungs by the pulmometer, it was apparent that the substance of the lungs was healthy, and that the difficulty of breathing and cough were dependent upon chronic inflammation of the bronchial tubes. Upon examining the liver, I found that it was slightly enlarged, and so tender, that by the

least pressure or violent inspiration an aggravation of all his distressing feelings was created. The evacuations were of a highly morbid and offensive character.

From an attentive review of all the facts of this case, I was led to the conclusion that the primary origin of the whole mental and bodily disturbance was a congested state of the liver. I accordingly directed my especial attention to that organ, and prescribed the application of leeches, followed up by vesicants and small doses of those medicines which were best calculated to remove the congestion. I also ordered the local application of sedatives (by inhalation) to the mucous surfaces of the air-tubes. Great relief was afforded by this treatment, and in sixteen days I had the pleasure of seeing the patient in good spirits and convalescent. I then advised him to take the benefit of change of air and scene;—by these new associations the mind was agreeably occupied, and diverted from distressing topics; the secretions of the different viscera were regularly performed, and I had the happiness, upon my friend's return home, of congratulating him upon his perfect recovery.

REMARKS.—In this instance the employment of soothing inhalations to the irritated mucous surfaces of the bronchi was attended with the best effects; but the case is chiefly introduced as exhibiting in a strong point of view the powerful influence which derangement of the liver exercises on the respiratory organs and the heart, and through them upon the brain, and also the nice discrimination that should always be made in pectoral cases, whenever cough is a leading symptom.

Possessing very similar functions to the lungs, the liver is extensively employed by Nature in the elaboration of carbon

from the blood. As the great venous trunk, whose numerous branches diverge through and around the parenchymatous substance of the pulmonie tissues, serves as a repository and revivifier of the spoiled and used-up blood, so does the great Vena Porta of the liver, with its innumerable ramifications so copiously disseminated throughout the entire substance of the organ, act as a reservoir for that portion of the sanguineous fluid which has been employed in and completed its circle throughout the digestive apparatus. In one important respect the liver is distinguished from any other secretive organ in the body: for, while all the other eliminatory phenomena are abstracted from the external circulation, in this viscous the necessary separations are effected from venous blood alone. Both seem in their several capacities as media by which carbon is detached from the great mass of the circulation—by the lungs, from its union with oxygen, in the form of carbonic acid; and in the liver by junction with hydrogen, in the shape of bile.

Food of various sorts, containing a larger quantity of carbon than the lungs are capable of evolving from the system, requires the energy of the liver for its complete extrication. Accordingly throughout the entire animal kingdom, the magnitude of the liver bears an inverse proportion to the capacity of the lungs: as the one is found relatively small, so is the other correspondingly large. In the early foetus in utero the lungs are but slightly developed, while the hepatic organ is immensely voluminous. Respiration not yet being called into operation, the liver becomes nearly the sole excretory of the elimination of carbon. In diseases of the one apparatus it is also observed that the activity of its fellow is considerably augmented. In pulmonary dis-

orders, where, from tuberculous deposits, or congestion from whatever cause, much difficulty of decarbonization exists, the great abdominal reservoir is endowed with largely added power, and an extra amount of carbon is thereby removed through its agency from the system. Hence will be seen the obvious necessity which exists of these large and important organs being in a sound and healthy condition.

We are indebted to the late Sir Charles Bell for having dispelled much of the intricacy and confusion formerly attached to the distribution and connexion of nerves; and it is now clearly seen that sympathetic connexion exists between the nerves of the stomach, the heart, the lungs, the brain, and other organs. There is the junction of the pharyngeal with the eighth or wandering pair: this extending onwards to join the sympathetic,—this junction with the sympathetic, supplying the stomach and the liver, and branching forth again,—is connected with the diaphragmatic; thus altogether establishing an union between the base of the brain with the respiratory and the visceral organs that gives rise to and accounts for that intimate and remarkable connexion of one part or organ with another: the great centre of combination, the ganglionic plexuses, being near to and about the region of the stomach.

The media of association, indeed, between the organs of the chest and the abdomen are so direct and unequivocal, that we cannot wonder, from these causes and from contiguity of position, any disorder of the former should so frequently be participated in by the latter.

It has been supposed by some physicians that consumption *always* dates its origin from diseases of the abdominal viscera; but this is an extravagant speculation, which is

not supported by pathological investigation, or by analogical reasoning. Indeed, so correct is the doctrine which involves the converse of this opinion, that minute microscopic anatomical research has proclaimed and verified the assertion that, even in the *foetus in utero*, long before gastric or intestinal irritation can be supposed to exist, the germs of tuberculous disease are sometimes obviously visible, in such as would seem to be predestined to those diseases, which their development almost invariably produces.

At the same time it must be admitted that the irritation caused by a diseased liver or stomach oftentimes extends its influence to the lungs so effectually as to establish, in despite of all treatment, severe pulmonary disease. I have frequently remarked that whenever consumption has, for the first time, appeared in a family, either one or both the parents have suffered under derangement of the hepatic organs. In these instances, and in many irritable and inflammatory habits, any mistake on the commencement of the disease is of the most serious consequence—for in such a case organic changes may be gradually engendered, and the liver, diaphragm, and lungs adhere and suppurate, a purulent spitting succeeds, and, instead of a pure uniform pus, the substance of the liver is expectorated by a deep hollow cough in the form of a glandular membranous appearance, mixed with purplish dissolved blood of a parenchymatous appearance. Persons more especially of a bilious temperament should therefore never disregard, as is too commonly the case, what is called a “stomach cough;” for, as the acute Beddoes has remarked, “If your patient ‘bark’ but once, fear that there be a murderer within, and, though dislodged, expect him again—*he now knows the way!*”

It is frequently observed that mechanical distension of the stomach or alimentary canal, by the accumulation of flatus or gaseous secretions, may, by pressing upwards upon the left lobe of the lung, and thereby diminishing its respiratory area, very materially interfere with the freedom of its action. The enormous flatuluous distension of the stomach, frequently met with in hypochondriacal and hysterical subjects, acts in this manner, and often adds a very considerable amount of acute pain to the evils necessarily produced by so large an amount of pressure on the surrounding viscera. Moreover, the mechanical force exerted by a full stomach upon the Aorta, Vena Cava, and other large contiguous vessels, may, to a certain extent, and often to a larger amount than would be credited, prove an additional source of interruption to the ease and regularity of the respiratory process, by retarding or throwing back again upon the heart that blood whose fitting destiny is propulsion forwards through the lungs. For these reasons the nicest judgment and tact are required to discriminate between derangements of the respiratory organs from those of the heart: for while the functions of the lungs influence the functions of the heart, so in like manner does the heart re-act upon the operation of the lungs. From the nature of this sympathy (pulmo-cardial), no change, however slight, can occur on the one part, without producing some correspondent change in the other. Even in a state of health the direct relation and sympathy existing between these associated organs is very clearly exhibited, by the effect which an accelerated action of the heart gives in increasing the frequency of respiration, and how an increased velocity in the act of breathing quickens the cardiac and arterial circulation; and, indeed, the merest glance over

these phenomena evinces that every perceptible alteration in the function of one of these two vital organs is followed by some modification in the functions of the other. If such, then, be the intimate connexion of these organs in a *healthy* condition, what else can be expected when either of them becomes *diseased*?

These facts, with various disorganizations of the respiratory system, such as asthma, chronic and nervous cough, loss of voice, and hemorrhage from the lungs,—all of which may result from an unhealthy action, sympathetically excited by derangement of the abdominal viscera,—open a wide and most important field of interesting inquiry: a field hitherto but little cultivated, but offering fame and satisfaction to him who shall faithfully and earnestly devote his vigorous energies and patient observation to its scientific exploration.

In many affections of the chest the *mind* also largely partakes of the general disorder—as observed in the preceding case, which is extracted from my Treatise on Nervous Disorders.* Indeed, it cannot be denied that the most important pathological sympathies subsist between visceral ailments and functional disturbance of the brain and nervous system. Owing to this sympathy, the sleep frequently becomes uncertain and interrupted by frightful dreams, the temper fretful and incapable of concentrating itself on any subject, and the mind anxious—and there is then more general nervous sensibility than is natural. In some instances the mental sufferings of such patients are indescribable, and to such a length have they often been carried, that suicide has been the consequence. Hence the propriety of the poet's

* 'Practical Observations on Mental and Nervous Disorders.' Simpkin, Marshall, and Co., Stationers' Court; H. Baillière, 219, Regent Street.

prayer for the “*mens sana in corpore sano*”—which can only be obtained by a proper regulation of the different functions of the animal machine, which equally influence the immaterial as the material part—for anything which disturbs the equanimity of the mind interrupts the healthy functions of the digestive and other organs, which in their turn re-act on and aggravate the mental disquietude.

Affections of the nervous system are not, however, my present theme, and I must refer those readers who are concerned in this highly important and interesting subject to the work before alluded to, in which I endeavour to show, as observed by the immortal bard,—

“The body and mind are like a jerkin and a jerkin’s lining; rumple the one, and you rumple the other;”—

and although no medicine exists, technically speaking, anti-maniacal—no medicinal febrifuge for the exacerbations of the mind—no evacuant which can relieve the spiritual portion of our frame from the load that oppresses or disturbs the freedom of its operations, yet, that the wonted vigour and serenity of the mind, thrown off its balance by some erring fibre or faulty secretion, may, in most instances, by attention and judicious treatment, be restored to its pristine integrity.

CASE XLIV.—CHRONIC BRONCHITIS.

In the year 1847 I treated the following case by epistolary correspondence:—

“—— Parsonage, Warwickshire.

“DEAR SIR,—I am a clergyman, and have purchased a copy of your interesting work, in consequence of having read

a notice of it in the 'Ecclesiastical Gazette.' An attentive perusal of the volume has well convinced me of the great value of your mode of treatment by medicated inhalations. It would seem, indeed, to be self-evident that the practice of bringing the sanative properties of the remedies into immediate action upon the seat of disease must constitute a powerful therapeutic agent.

"I lent the work to an old medical friend, Mr. —, who is on a visit down here; and he quite agrees with me in thinking that your plan of treatment is based upon a very sound and rational theory. Mr. —, however, hesitates to prescribe for me, having had little or no experience in this mode of practice; and he has urged me to lay my case, in my own words, before you. May I therefore beg your prompt and careful attention to the following statement?

"I am aged 40 years, married, of slight form and rather delicate constitution. About three years ago I was attacked with acute inflammation of the lungs. I was then twice bled from the arm, likewise blistered, and put under the influence of calomel and opium, and other active remedies. By these measures the more formidable symptoms were removed, and in the course of a few weeks I became convalescent. I remained in tolerably good health until about seven months ago, when, after taking cold, I was seized with inflammation of the bronchial tubes, attended with a cough, most distressingly irritable both by day and night. I always have had, and still have, the greatest difficulty in dislodging the expectoration, more especially the first thing in the morning; and a long struggling effort of this kind caused me, ten days ago, to bring up about a dessert-spoonful of blood, which my medical friend says was arterial.

This circumstance has caused me much alarm, not only on my own account, but on that of my wife and children, who are dependent upon me. I have never before or since perceived any blood in the sputum, which is of a partly flaky and yellowish appearance, and sometimes very thick. My mouth feels parched and feverish, and the tongue is coated. I have a particularly unpleasant metallic sort of taste in the morning. The bowels are obstinately costive, and the urine is of a very high colour. The pulse is usually about 100. The breathing is much hurried by the least exertion; and I always experience, more or less, a feeling of tightness and oppression over the chest.

“After passing a very restless night, I sometimes suffer from morning perspirations, which appear to greatly weaken me, and render me very nervous. I cannot but think that this excessive action of the skin has been greatly, if not wholly, caused and kept up by the opiates which I have been constantly taking to assuage the cough, and to the same circumstance I attribute the inactive state of the bowels and the general feverish condition of my system. I perfectly agree with you that much mischief often accrues from the incautious administration of medicine to the *stomach* for diseases affecting the *chest*, by destroying or impairing the important functions of the digestive organs—thus proceeding, as the French say, ‘*de mal en pis*,’ from bad to worse. * * *

“I am yours faithfully,

“_____.

“TO ALFRED B. MADDOCK, M.D.

“December 19th, 1847.”

The treatment in this interesting case consisted in the exhibition of sedative and expectorant inhalations, combined

with the internal administration of aperients and alteratives. In a week the patient wrote thus:—

“I breathe better, and have not so much uneasiness and oppression about the chest. The expectoration comes away much easier, and the colour of it has improved. The cough is still very troublesome, although not so much so as when I last wrote. I am glad to say that I have spat no more blood, which has been a great relief to my mind. The internal medicine has acted most satisfactorily; the feverish symptoms and perspirations are abated, and I feel much lighter and happier in myself. The dejections were of a highly offensive character, and afforded ample evidence of the disordered state of the stomach and other internal organs. I sleep better at night, which I ascribe to the delightful soothing effects produced by the inhalations.” * * *

The inhalations were steadily pursued, and especial attention was directed to still further improving the condition of the assimilative organs.

The case continued to progress in the most satisfactory manner. In five weeks I received the following welcome intelligence:—“I am thankful to say that my health—the gradual improvement of which I have been enabled to announce to you from time to time, ever since adopting your treatment—is now quite re-established. * * * My pulse ranges from 75 to 80; the respiration is so perfectly easy and natural, that I was enabled last Sunday to perform three duties without suffering the slightest inconvenience. I have no cough whatever, and the whole of the functions appear to be healthfully and pleasantly discharged. I can now placidly dispose myself to rest about eleven and sleep well till between six and seven. Your inhalations

have really acted like a charm. * * * *Opiferque per orbem dicor* is a motto you might well appropriate, and I hope that a suffering friend at a distance, will follow my example and have the wisdom to seek relief at your hands.

CASE XLV.—INCIPIENT CONSUMPTION.

In the February of 1841 I was consulted by a young lady, aged seventeen, of pallid appearance, with a peculiar sharpness, or wasting, of the features, contracted chest, and scrofulous habit, inherited from her parents, both of whom had died of consumption. She had cough, attended with expectoration; occasional pains under the breast-bone, with difficulty of breathing; and severe palpitation after the least exertion; but no pain or tenderness over the region of the heart. There was fever, but little or no nocturnal perspirations; the pulse 120; the urine and bowels natural—irregular in female constitution. On examining the chest the following physical signs were elicited: respiration very dull over the superior parts of the chest, anteriorly and posteriorly; and on and below the collar-bone on the right side there was much less resonance on percussion than on the other side. The heart acted in a very rapid and irregular manner; and, with each beating of the pulse, a sound was heard which appeared to denote that the valves did not properly do their duty, and thereby caused some obstruction in the circulation. The treatment consisted in alterative and sedative inhalations; at the same time febrifuges were employed internally, and, when the symptoms permitted, they were followed up by tonics, composed of steel and quinine. In twelve days a decided improvement took place,

and in a month she had recovered. The young lady shortly afterwards paid a visit to the Isle of Wight, and returned home quite free from any complaint.

CASE XLVI.—BRONCHITIS.

I received a telegram in November, 1852, from Admiral ——— residing in a distant part of the country, urging me to immediately visit his wife. Upon my arrival I found the lady supported by pillows in her bed-chamber, gasping for breath, and suffering from other severe symptoms of bronchitis. It appeared that she had for some months been under medical treatment for a cough, attended with more or less difficulty of breathing, and had been gradually getting worse, but on no previous occasion had the disease assumed its present distressing character.

The worthy admiral informed me that he had long recommended his wife to adopt my mode of practice—seeing that she had derived no benefit from the ordinary remedies—but that she had been dissuaded from doing so by her medical adviser, who assured her that there was no novelty in the system of inhalation,—that he had himself employed it in a similar case,—and found that it did no good whatever.

Contrary, however, to the anticipations of the above practitioner, the inhalations which were resorted to in this case afforded such immediate and substantial relief, that all feelings of prejudice soon vanished from the mind of the patient, and there was no occasion for persuading her to continue them. Once tried, there is no probability of their being given up:—the nights are passed with so much less restlessness, difficulty

of breathing, and cough, and with such an increase of sleep,—the relish for food is so much more markedly felt than when medicines are given by the stomach,—the debility occasioned by the exhausting complaint is so much better borne—that the sufferer soon instinctively feels convinced of the efficacy of his prescriptions, and is generally only too desirous of following them out more frequently than the necessities of the case demand.

After having had one personal consultation, I treated the patient by correspondence, and at the expiration of nine weeks from the commencement of the inhalations I received a letter couched in the following words:—

“MY DEAR SIR,—I am happy to tell you that I am now quite restored to health, and since I last wrote have had no return of difficulty of breathing. This inestimable boon I attribute (under Providence) to your skilful treatment, and should I have a return of my complaint, I shall esteem myself very fortunate to be so placed as to again have the benefit of your advice. Admiral —— desires his best compliments and grateful thanks, and

“ Believe me,

“ Yours sincerely and ever obliged,

“ —— ———.

“ DR. MADDOCK.

“ January 29th, 1852.”

REMARKS.—Under the old routine practice, the physician, in attendance upon bronchial cases, has done little more than silently contemplate miseries which it was his province, but not in his power, to relieve. But let us hope a life of greater

activity will now be opened up to him by the success which has attended a more rational application of the principles of medicine to the cure of these diseases ; once *practically* acquainted with inhalation, he will discover how very possible it is for the healing art to be retarded in its progress, and limited in its usefulness, by an inveterate devotion and immoderate zeal for the usages of the past.

With respect to there being “ no novelty ” in this mode of treatment, neither myself nor any other physician who is adopting it, lays claim (as previously remarked, at page 7) to any merit for priority in suggesting the feasibility of inhaling medicines. To *inhale* is as natural as to *swallow*, and has probably occurred to the mind of every physician a thousand times. To claim a “ new system of inhaling ” is as absurd as it would be to claim the discovery of a new system of breathing, or a new passage to the stomach. But it is one thing to know that we *can* inhale medicines, and another to know what medicines, and in what proportions we should inhale them, to cure disease. The former is within the observation of every one, while the latter can only become known to the physician after long and patient experience. It is not enough that he is well versed in the administration of medicines by the stomach. Some medicines bear no relation, either in dose or action, when inhaled, to the same medicines exhibited by the stomach. Many medicaments which are so simple in their action when taken into the stomach, that we feel disposed to question whether they be not wholly inert, act with great force when inhaled. Others, again, which are potent in the stomach, are almost without apparent effect in the lungs.

Remembering these facts, it cannot excite any surprise that

inhalation should fail in inexperienced hands. The following case of misdirection of treatment is narrated by a physician who has successfully practised inhalation:—Recently I was called to attend a gentleman suffering from *subacute* pneumonia, and, after a careful examination of the state of the lungs, informed him that his was no case for inhalation at that time—in fact, that it would rather do him harm than good. “*But, Doctor,*” said he, “*I have been inhaling;*” and, on inquiry, to my great astonishment I learned, that the medical man in attendance had actually ordered a highly stimulating inhalation, which he had been using for nearly a week. Of course the inflammation had been aggravated, and the patient’s life perilled thereby. And let it not be supposed that the physician in question was a mere tyro in practice. He had the advantage of age, a high professional reputation, and now holds a professorship! Now, the cause of the Doctor’s error was very simple. A short time previous to the above occurrence I was called to attend a case which had also been under his care. The disease was *chronic* pneumonia, ending in an abscess. He had pronounced the case hopeless, probably from supposing there were also tubercular depositions. This case rapidly recovered under inhalation, and, doubtless, produced a strong impression on his mind. In the second case he was determined to be the first to propose inhalation, and the experiment nearly cost his patient’s life.

CASE XLVII.—SIMPLE COUGH.

The Rev. Dr. —, an eminent theologian, addressed me as follows:—“I have read your work on Affections of the Chest, and having lost some near relatives from consumption, am desirous that you should examine my chest, and tell me

whether there are any indications of pulmonary disease. I have scarcely anything to complain of beyond a trifling cough, attended with a tickling sensation in the throat, and a slight discharge from the nose, but still am anxious, for the reasons assigned, of having the benefit of a consultation with you." * * *

Mild astringents were prescribed, to be inhaled for ten minutes every night and morning—the patient being directed to exhale through the nostrils. By these means, the mucous surfaces of the bronchial tubes, and the nasal membrane, were simultaneously and directly acted on, and the irritation which had existed in these parts, was speedily and effectually removed.

It appeared that the reverend gentleman had previously consulted a distinguished physician who (I believe from a physical incapacity of discerning morbid from healthy sounds) had pronounced the case to be incipient phthisis,—but after instituting a minute examination of the thorax by the stethoscope and percussion—testing the vital capacity of the lungs by the spirometer—and subjecting the sputum to the all-revealing power of the microscope, I felt much gratified in being enabled to confidently assure him that there were no physical signs whatever of the existence of organic disease of the substance of the lungs. This satisfactory account appeared to relieve his mind from a great load of anxiety. It was in June, 1851, that the consultation took place, and the correctness of my diagnosis has been confirmed by the fact of the patient now being in the enjoyment of robust health.

REMARKS.—The circumstances connected with the above case prompt me to make a few incidental observations on the means of diagnosis in pulmonary and other diseases of the thorax.

It would, of course, be foreign to the object of this work, and incompatible with its assigned limits, to enter minutely into the various and delicate sounds which indicate different diseases of the lungs and heart, and it is also difficult to render intelligible by words the special character of the sounds elicited from a healthy or diseased chest; but I may generally remark that the respiratory murmur, which in a state of health is scarcely audible, becomes, in tuberculous disease, more distinct, the voice more resonant, and the sound produced by percussion, duller. These alterations in the respiration, and in the signs elicited by percussion, take place from the summit to the base of the chest, and are most frequently confined to the superior lobes of the lungs on one side, where the development of tubercles usually first takes place. In bronchitis, with which consumption is sometimes confounded, the morbid sounds proceed from fluid in the bronchial tubes, and not from an increased density in the lungs; and, unlike consumption, they are generally discovered at the inferior part of the chest, and usually at both sides. The physical signs which denote suppuration in the latter stages of consumption, consist in the superior parts of the chest being dull on percussion, accompanied by a hollow, coarse respiration, giving rise to a peculiar phenomenon, called *pectoriloquy*, which is said to exist when the voice is heard through the stethoscope applied to the chest, and sometimes by a tinkling echo, or metallic ringing. Should there be much fluid in the lungs, arising from impeded respiration, a mucous *râle*, or rattle, which has been compared to the sound caused by blowing through a pipe into soapy water, is then perceived over the diseased parts. When the air passes through the cavities, a peculiar cavernous respiration is heard,

induced by the passage of air from the bronchial tubes into the cavities, instead of entering the minute air-cells. To demonstrate the presence of tubercular disease, the physical signs must exist collectively, and be accompanied by those general symptoms which I have described in the previous cases.

The information to be acquired relative to the condition of internal organs in general is necessarily very limited; but by the aid of auscultation and percussion the practitioner is enabled to obtain *direct* symptoms of thoracic diseases, in respect of their nature, origin, and condition, which are almost as infallible as those derived from actual sight: and he is thereby enabled to steer his course through those numerous difficulties and uncertainties, which would otherwise embarrass and perplex him if attention were wholly directed to functional derangement.

Although the various changes in the texture and functions of the lungs and heart are capable of being detected with such wonderful certainty, yet, it is evident that the power of discovery must belong to those only who have, by physiological and pathological investigation, added to considerable practice and close observation, made themselves acquainted with their formation, progress, and results. For it is not sufficient that certain sounds be communicated to the ear, that disease will be detected—the mind must be made familiar with the objects from which they proceed, and the ear must be musical, and well tutored, to be capable of discriminating the real nature of them.

How important then it is that the chests of those who have reason to apprehend the existence of pulmonary disease should be occasionally examined by a competent phy-

sician—by one of acknowledged superiority in this branch of his profession. Relative to this point I quote the following paragraphs from an article which appeared in a medical journal on the subject of Auscultation:—

“Those who know themselves to be exposed to the chances of pulmonary disease cannot be too jealous in the watch they keep over the earliest perceptible signs of its approach. *Let it not be forgotten that, in its early stages, Phthisis is as amenable to treatment and as curable as any other form of disease.* We cannot, therefore, know too soon if we are the subjects of it; and how is this to be ascertained but by a most thorough and careful examination into the rational or constitutional, and physical or local, symptoms and signs of the disease? If we are sound and healthy, an examination cannot give us disease of the lungs—if we are diseased, the sooner we know it the better, for the treatment cannot be too prompt.

“Every one at all predisposed to pulmonary disease ought to be occasionally examined during the year, and perhaps there are no periods better suited for this investigation, than the broken weather of autumn and spring, when its seeds are so often sown and developed. It is almost superfluous to add that this examination should be made by some physician well practised in the various methods of examination, and experienced in pulmonary affections. It requires a nice, acute ear, well educated for the purpose, to distinguish slight departures from the normal or healthy condition of the respiratory sounds, and a well practised eye to mark the deviations from the proper configuration and relative proportions of the chest, and the character and extent of its movements as influenced by disease. There are some practitioners who

possess the happy faculty of easily distinguishing the character of the respiratory sounds, and detecting slight irregularities or deficiencies in them; but there are many, alas! for whom it is as impossible to apprehend these niceties, and master this means of diagnosis, as it is for a large number of people to understand and appreciate all the higher sentiment conveyed in the changing harmonies of Mozart or Beethoven. Nor indeed, with the best natural endowments of the faculty of hearing, can this knowledge and power be attained without the experience which only very many years of practice, on a large number of cases, will confer."

The truth and force of these remarks will be readily admitted. It is a melancholy fact that among the class of practitioners spoken of, there are those who lack the experience and ability so requisite to be employed, in making an exploration of the chest for the purpose of discovering its true condition. Could their incompetency be always made apparent, it would not be too much for invalids to address them in the language of Hamlet to Guildenstern, when the latter expresses his want of skill to play upon a "pipe" which the former tells him will "discourse most eloquent music :"—

"Why look you now, how unworthy a thing you make of me. You would play upon me : you would seem to know my stops ; you would pluck out the heart of my mystery ; you would *sound* me from my lowest note to the top of my compass : and there is much music, excellent voice, in this little organ ; yet cannot you make it speak ? Do. Do you think that I am easier to be played on than a pipe ? Call me what instrument you will, though you can fret me, you cannot play upon me."

The Spirometer, and the Achromatic Microscope, to which

I have already alluded, are very important additions to our means of ascertaining the power of the lungs under different circumstances and conditions, and obtaining unerring evidence as to the true character of the sputum. These invaluable instruments are among the greatest boons ever presented to the medical profession, in modern times; without their aid indeed, no man can be considered a safe or successful practitioner.

CASE LXVIII.—CONSUMPTION.

In the year 1852, a young lady, aged 18 years, was brought to me for consultation by her parents, who stated, with feelings of great emotion, that they had lost all their other children (three in number) from consumption. Notwithstanding they were now advised (as they unfortunately had been in the former instances) that medicinal treatment was useless, and that a change to a foreign climate was the only chance of prolonging life, they had determined upon keeping her at home—in accordance, too, with the expressed wishes of the patient herself—and trying my mode of treatment. They were the more induced to adopt this plan from the circumstance of my having successfully treated the case of a former schoolfellow, and friend of their children.

The patient had now a pallid appearance, with occasional hectic flushes. The respiration was oppressed and hurried; the action of the heart much accelerated; pulse 120; animal heat 102° ; tongue coated and unnaturally red at the sides; little or no appetite; want of rest at night; bowels sometimes loose and sometimes constipated; catamenia suspended; profuse expectoration, occasionally streaked with blood; noctur-

nal perspirations; great emaciation, attended with so much loss of strength that she was obliged to be lifted out from the carriage.

The physical signs were as follows:—Defective motion and dulness over the superior half of the right lung, with a combination of gurgling and pectoriloquy. The infra-clavicular spaces were flat and hollow on both sides.

An examination of the sputum by a powerful achromatic microscope unerringly showed that it contained tuberculous matter, and the existence of a cavity, as had been previously pronounced by her former physicians, was incontrovertible.

In reply to the inquiries of the patient's relatives, I informed them that the case was of a truly formidable nature and the result doubtful; but that I would not hesitate to undertake the management of it, knowing as I did, that a recovery, even under such unfavourable circumstances, was by no means of rare occurrence. With respect to her proposed removal to a foreign climate in her present precarious condition of health, I considered it to be a cruel, unwise, and most reprehensible measure.

Without entering into unnecessary minute details—suffice it to say that, for the local affection of the lungs, I prescribed local remedies—inhalations of chlorine in combination with sedatives; and for the improvement of the general health, occasional alteratives, laxatives, tonics (chiefly composed of steel and quinine), with strict hygienic discipline, and such other means as appeared to be most appropriate to meet the varying conditions of the constitution.

Although there were many drawbacks and barriers to progress, caused by catching fresh colds, domestic affliction (including the sudden death of a near and dear relative

from disease of the heart), and other discouraging circumstances, a most marked improvement in her appearance and health was speedily accomplished. After a steady and faithful perseverance in the treatment for sixty-three days, I find the following entry made in my Case Book:—"Nov. 22, '52. Miss ——— visited me, having walked from Eaton Square. The improvement in this case has equalled, if not exceeded, my most sanguine expectations. She has now no cough; her appetite has improved; the night perspirations have wholly ceased; gained 14 pounds in weight; pulse 85; can count thirty without taking a breath; marked 137 on the spirometer; animal heat 98°."

The case continued to progress favourably, and the ultimate termination of it is thus recorded in my Diary:—"Miss ——'s case. January 10, '53. This patient, by her perseverance, energy, and resolution, has nobly seconded my efforts, and she has received her reward—she is now *perfectly recovered*. The chest, which was formerly flattened, is materially expanded and well developed. The right lung presents all the signs of entire cicatrisation."

I very recently heard from the lady as follows:—"My health in every respect—thanks to your skill and unremitting attention, aided by the Divine blessing—is in as satisfactory a condition as I could well wish it to be."

REMARKS.—It is not possible to conceive a more point-blank case than the foregoing presents of recovery from a very advanced stage of tuberculous disease, with perfect restoration of the general health.

I am well aware that a majority of the profession do not admit the possibility of curing pulmonary consumption after ulceration has commenced; but dissection has proved the

incorrectness of these views. Pathological anatomy has clearly shown that certain remedies, directly applied to these ulcers, cause cicatrisation (as exemplified in the above case) to follow—that is, a process of contraction, in which they are closed and united, by being surrounded by a fibrous or semi-cartilaginous membrane, analogous to some of the textures of the human body; or by becoming indurated and converted into concrete deposits. By the formation of this adventitious cartilaginous tissue, which produces no symptoms or alterations in the general health to denote its existence, the cavities become obliterated, and are prevented from making further progress or causing inconvenience.

Laennec, one of the earliest writers who enters very fully into the curability of consumption, found, on examining the lungs of many persons who had died of other diseases, appearances such as would result from the healing of ulcers or burns on the surface of the body. He remarks:—"After I was convinced of the possibility of cure in the case of ulceration of the lungs, I examined these remains more closely, and came to the conclusion, that in every case they might be considered as *cicatrices*." After detailing, at considerable length, the peculiarity of these appearances, he observes:—"This fact seems to me to leave no doubt of the nature of these productions, and of the *possibility of the healing of ulcers in the lungs*. The foregoing observations, I think, prove that tubercles in the lungs are not a necessary and inevitable cause of death, and that *cure* may take place in two different ways *after the formation of an ulcerous excavation*; first, by the cavity becoming *lined by a membrane*; and secondly, by the obliteration or closing up of the cavity by means of a *cicatrix*."

These considerations ought to induce us to entertain hope in those cases of consumption wherein we have reason to believe the greater portion of the lungs still admits the air. Although we are certain that a person has an ulcerated cavity in the lungs, we are not equally certain that this will prove fatal. We may even be justified in believing that a case wherein all the ordinary symptoms of consumption exist, including the indications of a cavity, is more favourable, providing the greater portion of the lungs is in other respects healthy, than one in which tubercles exist to any considerable extent, without the presence of a cavity.

Dr. Swett, one of the physicians of the New York City Hospital, and Professor in the Chair of Medicine in the University Medical College, has published a 'Treatise on Diseases of the Chest,' in which he considers the curability of consumption, and gives his opinion unhesitatingly in the affirmative. He asks the question, "Is consumption a curable disease? The general impression in the medical profession, 'to its disgrace be it spoken,' is, that a patient with phthisis is doomed to death. If those cases only are considered in which the disease is so far advanced in its progress that it is easily distinguished, this opinion, on the whole, is well founded; yet, even under these circumstances, unexpected recoveries take place. I shall never despair of the life of a patient with phthisis (consumption) when I recollect what I once witnessed in this hospital."

Dr. S. then proceeds to detail the particulars of a case which presented all the symptoms of consumption in its most advanced stage. So marked were the indications of a large cavity in the right lung, that he was accustomed to speak of the case as being of an undoubtedly incurable character.

“On one occasion,” he continues, “I found the patient, who had been gradually sinking, in such a state of extreme exhaustion that it seemed to me improper to disturb him. He was bolstered up in bed, with his head resting on his shoulder, breathing with great difficulty, bathed in perspiration, and with a feeble and rapid pulse. He looked like a dying man. The next day my attendance ceased.” On the doctor’s return, at the end of two months, he found this *dying* patient was so far recovered as to be able to walk about, and continued steadily to improve. He then goes on to tell us that “during the past fifteen years he has known many persons who had all the symptoms of consumption in advanced stages, yet *finally recovered*.” And again: “For the past fifteen years I have been in the habit of examining the lungs of all my patients, dying of every form of disease, for traces of phthisis that had been cured. I have been astonished at the number of cases which have presented evidence of this favourable result.”

Many examples of cicatrization of the lungs, after tubercles, are recorded in Andral’s ‘Clinical Medicine’ (book iii. p. 382). These cases are more extraordinary than those given by Laennec, and, together with them, put the fact of the healing of tuberculous excavations beyond all question.

CASE XLIX.—CHRONIC BRONCHITIS.

The wife of a merchant residing in Liverpool, wrote to me thus in the year 1853. “After having perused your work on Diseases of the Chest, I am very anxious to ascertain whether you think your treatment applicable to my son’s case, of which the following are the symptoms.—He is six years old, very pale, slightly made, and is suffering, I am told,

from Chronic Bronchitis. At the time of his birth, and until nearly four years old, he was a remarkably healthy child, but since then he has been subject to the most painful and distressing attacks of difficulty of breathing—in which his countenance becomes anxious, his eyes appear as if starting from the sockets, his lips are livid, and it sometimes really seems as if every breath would be his last. The only thing that appears to relieve him is large doses of Ipecacuanha, which cause expectoration of a mucous substance, that I can only compare to the white of an egg. He requires also to have his system acted on at the same time, as he is a bilious child. His appetite, however, is always good, and he feeds quickly, no matter what his diet. Our family doctor has given him powders of calomel and rhubarb; he has also tried, at various times, leeching, blistering, hot baths, and mustard plasters—also strong coffee; but notwithstanding the adoption of these and other means, the difficulty of breathing remains greater than ever, and his general health has lately materially deteriorated. I fear that the prospect of the dear boy's *recovery* is very remote, but should the results of your extended experience lead you to entertain the opinion, that your mode of treatment, by inhalation (of which I have read with so much pleasure and interest), is calculated to substantially *relieve* him (for he has scarcely slept at all for the last four nights), I shall be truly thankful if you will give us your immediate attendance."

I visited the little patient, and put him on the same plan of treatment, by inhalation, as detailed in previous cases, and in about seven weeks, he had perfectly recovered from the bronchial complaint, and was materially improved in his general health. The following gratifying communication,

which I subsequently received from the mother of the child, gives the termination of the case:—

“Mr. — requests me to ask you at what hour on Wednesday or Thursday next it will be most convenient for you to receive him, as he wishes to consult you regarding his chest, from which you may perhaps remember I mentioned to you, when at Liverpool, he has felt inconvenienced for many years: indeed, I do not think my husband’s breathing has been free from difficulty, for eighteen years.

“My dear boy has been perfectly well, and I have used no remedies of any kind for him, for three months. Within the last fortnight he has been coughing with what I think is hooping cough, as three of the younger children have it, but notwithstanding this trial, it is impossible that his breathing could be more free, or natural.” * *

CASE L.—CONSUMPTION.

A county magistrate, residing in North Wales, aged forty-seven, married, with several children, of a consumptive family and very nervous temperament, came to town, for the purpose of placing himself under my care, in the year 1851.

The symptoms of this gentleman, as registered by me at the time of consultation, were as follows:—“Has complained of cough for nine months, and it is now almost incessant, and attended with difficult expectoration, especially in the early part of the morning, of tenacious mucopurulent matter. Great relaxation of, and tickling sensation at the back of the throat, with hoarseness of voice. Has materially lost flesh and strength, and is occasionally subject to night perspirations and diarrhoea. Rapid action of the heart, and great difficulty

of breathing. Can only count fourteen without taking a breath. Vital capacity of the lungs, as evidenced by the spirometer, 96 cubic inches. Pulse, 110. Animal heat, 99°. Tongue coated, and appetite indifferent. Wandering rheumatic pains, especially about the knees and shoulders. On examining the thorax by the stethoscope, and by percussion, I detected prolonged expiration in the left lung, and coarse mucous râles at the right lung, both behind and before, with solidification of its apex. In a private conference with the wife (a most intelligent lady) of this patient, I was told that he was dreadfully depressed in mind, and had been daily getting worse in consequence of having been recently informed by his physician that his disease was incurable.

Under such circumstances, it was my first and earnest desire to inspire the patient with a feeling of confidence as to the efficacy of my mode of treatment (which I fully accomplished), and I assured him—which I could do in all truth and sincerity—that there was a fair chance of his recovery. I recommended him to live near the Great Exhibition (in which he took a lively interest), in order that he might constantly amuse himself, and thus withdraw his mind from those gloomy fears, which had so tormented and dejected him.

I prescribed inhalations, cod-liver oil, lunar caustic applications to the fauces, accompanied with tonics, and strict hygienic rules. In the course of a fortnight the intensity of the different symptoms were materially ameliorated. At the termination of nine weeks, all traces of solidification had disappeared from the right lung—the pulse had gradually come down to 80—there was a great increase in the vital capacity of the chest—he had gained $13\frac{1}{2}$ lbs. in weight, and

the respiration was natural. Shortly afterwards he returned home quite well, to the delight of his private, and astonishment of his medical, friends—and has, at the present time, no indications of pulmonary disease.

REMARKS.—The facts connected with this gratifying example of recovery, induce me to observe that when the mental energies are depressed by anxiety, fear, &c., the powers of life are far less able to oppose the effects of pulmonary and other exhausting diseases. The manner and bearing of the physician, when calculated to inspire confidence, will, of themselves, accomplish not a little in fulfilling the intentions of his prescriptions—and hence the necessity of his exhibiting indications of this kind, in cases of danger and depression. There cannot be a doubt, indeed, that HOPE, in whatever form it may be excited, is a most powerful agent in combating this, and in fact every class of ailments; while its opposite, DESPONDENCY, is one of the greatest evils we can have to contend with.

As pertinent to this subject, I may here introduce a portion of a very humorous but suggestive article which originally appeared in the ‘Medical Times and Gazette.’—An attorney, after describing to a friend (whom he accidentally met in Regent Street), that he had been suffering from “influenza,” and all the consequences of that debilitating complaint, goes on to say:—

“So, while things were in this plight, and I could plainly see that my friends felt very shaky about me, and one was advising me to call in Doctor This, and another Doctor That, at last, as a satisfaction to my family, and also to see if I could get some relief, I went one morning with my wife, without saying a word to old Dulph, to consult the great Dr. Cæruleus Mortisage, Physician to St. Lazarus’s Infirmary for Diseases of the Windpipe, Fellow

of a dozen Societies, Professor of Mortal Pathology, or something of the sort, at the Collegiate School of Medicine, and altogether a medical gun of the greatest possible calibre. Well, sir, I was stripped, and weighed, and measured, and tapped, and rapped, till my ribs ached; I was made to gasp, and breathe, and cough, and count; every inch of me was explored; but I could plainly see that the more I was explored, the worse was the Doctor's opinion of my easo. At last, when he had finished his investigation, we asked him anxiously what he thought. And I scarcely can fancy a poor wretch at the Old Bailey looking more anxiously in the foreman's face when he comes in to deliver the verdict of the jury, than I did at the face of Dr. Cæruleus Mortisage, in order to anticipate what *his* verdict would be. As for my poor wife, she trembled so, that I thought she would have dropped off her chair.

"However, after a short preamble, the opinion was delivered, calmly, and not unkindly; but it was very positive, and unfavourable enough in all conscience. He told me a good deal which I could not understand, about congestion, or consolidation, or something of that sort, but said it was his duty to tell me that he considered my case a bad one; he believed I should not be able to go on with my usual pursuits, and hinted at the expediency of parting with my share in the business, and retiring to Bourne-mouth or Hastings. He spoke long and kindly, but all to the same purpose, and took no great pains to conceal the fact that he thought me a dead attorney.

"Just as we were going (for I had paid him his fee) it struck me that something was missing, I could scarcely recollect what, so stunned was I at the sentence that had been passed on me, till my wife said, 'Are you not going to give us any prescription, Dr. Mortisage?'

"The question seemed to strike him all of a heap, for he had evidently forgotten this part of his office; but he took up his pen and wrote something which he gave me, and we left.

"So soon as we got into our carriage, and I could collect my thoughts a little, my anger knew no bounds. Here is this rascal, I said, pronouncing sentence of death on me; and scarcely thinking it worth his while to write a prescription; what good can such a man's treatment do me? *He begins with the notion that treatment is of no use, and, when that is the case, what good is he likely to do?*

So I tore the prescription into fifty pieeces, and threw them out of the window. If I am to die, I said, be it so; but I'll have a good stand-up fight for life first of all. So, baek I went to old Dulph, who gave me lots of tonie draughts; then I went to stay with my wife's aunt in the eountry, an uneommon old lady for feeding one up; and then I found out that things at the office were not so bad as I feared; in fact, if I had fretted less, they never would have seemed so bad, nor have been so bad, and everything went on very well without me, till, after about six months of eare, and nursing, and ehange, I got better, and here you see I am, not a bit like a dying man. The next time I am ill, depend on it I won't go to any of these ominous death-tie fellows. If I had not been a strong-minded man, I should have died of fright. When I am ill next, I'll ehoose a man who has a heart under his waisteoat; one who don't look upon his patient merely as a mass of decayed lungs or arteries, or what not, but who will put a little heart and soul into the work of eure, who will fan one's hopes and desires of life, and so feed the flame, instead of putting a wet blanket upon it, and seeming as if his whole soul were bent upon a post-mortem examination. For my part, I never meet Mortisage in society without a kind of awkwardness; I feel somehow as if my being alive and walking about was a sort of standing imputation on his skill in diagnosis; this feeling quite haunts me, and I sometimes wonder whether a physieian could not bring an aetion against a man, for obstinately, pertinaciously, and offensively living on from year to year in spite of the clearest and most seientifie evidence that he ought to have died long ago."

Thus far the loquacious and iracund attorney had spoken, when the friends parted with mutual salutations.

In spite of the apparent exaggeration of some of these statements, they might usefully furnish food for reflection to my readers. Certain it is, that the profession is quite eonscious of the existence of a class of practitioners—and *society is not quite ignorant of it either*—who are too apt to look on human beings as mere objects; *who, in cultivating the art of distinguishing diseases with the greatest possible accuracy, ARE NOT*

EQUALLY STUDIOUS OF THE MEANS OF CURING THEM; who regard physical alterations of structure, to the neglect of that vital force which overrules the whole machine; and who, above all, practise in a hard, cold spirit, without exhibiting anything positively wrong, or inhuman, or unkind, but yet without the sympathy, the heartiness, as it were, requisite for genial and successful influence upon man in his entire nature. This is the fault which leads them to be ready rather to foretell impending mischief than to prevent it; and it is most curious to observe how prevalent the custom of giving hopeless but wrong prognoses has been, in the case of diseases of these very organs, the accurate diagnosis of which is among the greatest triumphs of modern medicine.

There are few, perhaps, who cannot call to mind some condemned case of phthisis, or of disease of the heart, in which the sufferer has continued to live out his time, in defiance of mortal diagnosis. *The moral we would draw, at present, is, the necessity of caution in all cases in giving opinions which exclude all hopes of recovery,* AND OF NEVER NEGLECTING, IN AN APPARENTLY INCURABLE MALADY, SUCH TREATMENT AS WOULD BE MOST LIKELY TO PRESERVE LIFE, IF THE CASE ADMITTED OF RECOVERY.

Such are a few instances, out of a multitude of others I could narrate, which have impressed upon me the inestimable value of Medicated Inhalation in Complaints of the Respiratory Organs.

I have not deemed it necessary to enter into and discuss all the intricacies connected with the subject—my great object

being (as before observed) that of giving plain, unvarnished facts, rather than conjectures or theories. Truly has Cicero remarked,—*Opinionum commenta delet dies, natura judicia confirmat*—"speculative opinions may pass away, whilst inferences drawn from nature and truth remain permanently on record."

Earnestly do I trust that my persevering exertions may lead to a general adoption of Medicated Inhalation—the benefits of which are incontestable—familiar to all who have *fairly* employed it—and well recognised by patients themselves—and thus remove the reproach now attached to the physician, that pulmonary diseases, which, generally speaking, are so slow in their progress, and preceding whose advent there are such direct indications, should, in so many cases, claim the character of hopelessness. Indeed, I cannot believe that any influence, or combination of influences, can long prevent an universal employment of this mode of practice, for there are now, in all parts of the country, hearts made glad by its remedial power, and willing and grateful voices raised in its praise.

It is a fine observation of a modern author, that "undoubtedly we have no questions to ask which are unanswerable. We must trust the perfection of nature so far as to believe that whatever the order of things has awakened, the order of things can satisfy." I sincerely hope that the pages of this volume will hasten the period when there will be no unanswerable questions in medical science: when the patient may trust the physician's skill so far as to believe, that whatever diseases the *ordo rerum* may unfortunately have generated, the resources of the medical art can remove.

A D D E N D A.

CORROBORATIVE EVIDENCE OF THE CURATIVE EFFECTS OF MEDICATED INHALATIONS IN EVERY FORM AND STAGE OF PULMONARY CONSUMPTION.

INHALATIONS of medicated vapours were much employed by the ancient physicians, and can be traced as far back as the second century, when Galen* sent consumptive patients to the vicinity of Mount Vesuvius, to inhale the sulphureous vapours which arise from the soil. It has been supposed that the early use of incense and various aromatic fumes in religious rites, originated from their well-known prophylactic effects on disease; and this surmise is rendered the more probable when it is remembered, that the priests at that period exercised the healing art. But the remedies resorted to in these earlier times were possessed of little or no curative influence, and to their inefficiency may be attributed the neglect which subsequently befel this mode of treating disease. Almost all important remedial agents have been the production of modern experience and investigation, the administration of which by inhalation may be said to

* De Difficult. Respirat. lib. i., ii., iii.; et De Locis Affectis, lib. iv. cap. 7.

constitute a new mode of treatment; and the hope may *now* be reasonably cherished, from the rapid advances which pharmaceutic chemistry has recently made, that pulmonary consumption will shortly be admitted, not by a few individuals, but the whole body of the profession, to be as much under the control of the art of medicine as is any other formidable disease.

Among the ancient and modern authors, who have successfully employed inhalations of medicated vapours, may be mentioned Hippocrates,* Cælius Aurelianus,† Alberti,‡ Thilenius,§ Zallony, Mudge, Crichton, Beddoes,|| Hufeland,¶ Laennec,** Pearson, Elliotson, Forbes,†† Murray, Gannal,‡‡ Hastings, Cottereau, Seudamore, Coxe, Corrigan, Harwood,§§ Wilson, and Thomas; who, being aware of the futility of a reliance on the usual modes of treating diseases of the respiratory organs, have thus laboured to extend the resources of the healing art.

Feeling dissatisfied with simply narrating the results of my own individual observation,—and knowing full well how indispensably necessary is strong and incontrovertible *confirmatory testimony* to firmly establish any mode of treatment,—I have extracted from the writings of some distinguished modern authors, who have specially devoted the best energies of their minds to the study and investigation of the treat-

* De Morbis Chron. lib. i., iii.

† Dissert. de Spirandi Difficultate.

‡ Med. und Chirurg. Bemerk.

§ Traité de l'Asthme.

|| On the Medicinal Use of Factitious Airs.

¶ Jour. der Praet. Arzneyk.

** A Treatise on Disease of the Chest. Translated by Forbes.

†† Medical and Physical Journal, vol. xlviii.

‡‡ On the Inhalation of Chlorine.

§§ On Diseases of the Throat and Chest.

ment by Medicated Inhalation, the following remarks and cases as to its remedial influence in affections of the respiratory organs; and more particularly to its capability of restoring to a healthy condition, lungs that have become not only involved in incipient tubercular disease, but in which that malady has proceeded to the stage of *ulceration*, and the formation of *cavities*.

Although my own long and successful practice of inhalation has convincingly established the fact of its being based on the rock of sound philosophy, and immutable as the foundation of nature and truth, yet, from the high position which the following authorities have deservedly occupied in the ranks of the profession, their testimony is eminently calculated to add great weight to the opinion which I have always entertained and expressed, viz.—that it is the only known treatment which can be regarded by the profession as a scientific effort to arrest or overcome pulmonary disease, and the only one to which the invalid can look with hope in the hour of affliction.

First, as regards the *rationality* and *orthodoxy* of the treatment by inhalation. I shall begin my quotations on this point from a treatise, published in the year 1817, by Sir ALEXANDER CRICHTON, M.D. This able physician says, in allusion to the ordinary mode of treatment:—

“That pulmonary consumption cannot be cured by medicines which act through the medium of the stomach, the whole history of our art proves to us. Their efficacy in alleviating for a time particular symptoms, such as cough, febrile heat, and colliquative sweat, &c., is not denied. Their assistance, when combined with a judicious and suitable diet, is admitted; but it seems a strange hope and strange conduct to pretend to cure an ulcer on the lungs, whether scrofulous, or phlegmonous, or of

whatever kind it may be, by internal remedies alone, while it is acknowledged that ulcers on other parts of the body require a local application independently of all internal treatment.

“Judicious applications to an ulcer, whether arising from a vice in the constitution or local injury, are equally necessary for its speedy healing. In exterior ulcers, arising from constitutional causes, such as a scrofulous disposition, no one trusts to internal remedies alone; but in ulcerated lungs, in which, for various reasons, local applications are more necessary, they are almost totally neglected. How incongruous this is, all analogy demonstrates.”

On the influence of inhaled medicines, and the knowledge of the profession in regard to this mode of treatment, the doctor observes:—

“The medicines which can be brought into immediate contact with the diseased parts are both powerful and numerous: but as yet we are in the infancy of this art. Our knowledge of the volatilized substances capable of being inhaled and of doing good in pulmonary complaints is still very limited. The conditions which ought to guide the choice of those which we are acquainted with, and the restrictions which retard their administration, are far from being settled, merely from the want of accumulated experience.”

Sir Alexander Crichton, it must be remembered, wrote this sentence some forty years ago, and prior to the adoption of chlorine, iodine, and other important remedies; happily this want of “accumulated experience” is *now*, in a great measure, *supplied*.

With respect to the assertion that his trials of inhalation were unfavourable to its employment, and that, as a consequence, it had been abandoned, Sir Alexander Crichton remarks:—

“It is, however, certain, that the partial success which has attended the trial of many aeriform as well as volatilized substances, which, upon being breathed, have come in contact with

the lungs of consumptive patients, has been remarkable, and has animated the discoverers of those means with more than ordinary, perhaps more than reasonable hope; and has given them the appearance of enthusiasts with the more sober-minded part of the profession. The fact, however, is, that almost all the gases and volatilized substances which have been breathed by consumptive patients can boast of more cases of extraordinary cure than have been effected by any medicine taken into the stomach; and if these remedies have frequently failed, it is no more than what happens with all medicines, and in all diseases, and certainly no more than might be expected when they are exhibited for the first time in far-advanced and desperate cases, where the lungs are nearly wholly disorganized before the remedy is applied."

Sir Alexander confesses that inhalation is often misrepresented by physicians. Some he thinks do so in ignorance; others from a general unwillingness to admit any change or improvement in medical practice which does not originate with themselves; while not a few refuse to inform their minds in regard to it through an entire disbelief as to the efficacy of any medicines or mode of treatment in consumption. Ignorance, arrogance, and scepticism are the three great barriers to be overcome in introducing any important medical discovery. What is the consequence to the sick? They neglect to avail themselves of the means of cure while cure is possible—it is only when their disease has become desperate that they break through those influences which surround them, and earnestly begin to seek relief. As it is not possible to refuse persons under the worst and most advanced stage of consumption the consolation of trying a new remedy, it must frequently fail, and every such failure is bruited forth, by the very physicians whose ill-advice caused it, as a proof that the new practice is undeserving of confidence, when perhaps, in the majority of

cases in which it is tried, not more than one-half, and often not one-third part of the lungs is in a sound state.

My learned and lamented friend, Dr. PARIS, late President of the London College of Physicians, who has left to his country the inheritance of a great name and illustrious reputation, makes the following remarks in the last edition of his celebrated work on Pharmacology (page 330), under the head of "Inhalations :"—

"With respect to this particular form of remedy, it may be observed that, if the power of medicine be so greatly modified by circumstances affecting its solubility, it is fair to infer that the still further diminution of its cohesion may occasion a corresponding influence in its energies; indeed, it would appear that some few substances are entirely inert under any other form. Metallic mercury affords a good example: although inactive in its fluid form, it is highly active in the form of vapour; it is thus that the workmen employed in gilding, silvering looking-glasses, constructing barometers, &c., experience such dreadful effects, for the metal assumes an elastic form at the ordinary temperature of the atmosphere, as Mr. Faraday has proved by a series of conclusive experiments. The operation of inhalation, moreover, enables us to *bring various bodies into immediate contact* with organs exposing a great extent of mucous surface, through which innumerable capillaries spread out their ramifications, and to which *all remedies in any other state of aggregation are necessarily inaccessible*. THIS OBSERVATION APPLIES MORE PARTICULARLY TO THE LUNGS AND THEIR AIR-PASSAGES."

Dr. Paris describes the two forms of administration, viz. *dry fumes and watery vapours*; and in reference to the form, says :—

"I shall only observe, in this place, that the profession do not attach sufficient importance to it; not only is a certain amount of moisture in the air essential to healthy respiration, but it would appear, when in too dry a state, to act as an irritant to the bronchial tubes. In states of congestion, nothing is more calcu-

lated to soothe their mucous membrane than the inhalation of steam; to which *may be added such medicines* as appear appropriate to each particular case."

Such evidence, from such a source, cannot fail to convince the sceptic, and encourage the invalid in the use of means, the value of which is acknowledged in these unequivocal terms, by one who made the philosophy of therapeutics the study of his lifetime, and whose work from which I quote is universally admitted to be *the* standard authority on the subject.

Dr. CARPENTER,* Professor at University College, the greatest physiologist of modern times, still more strongly urges upon the profession the importance of directing their efforts to the discovery of more "counteracting agents," which may be administered through the extended absorbing surface of the lungs by inhalation. Having demonstrated that "the absorption of volatile matters diffused through the air is continually taking place by the lungs" (*Physiology*, p. 534), the learned doctor remarks:—

"It cannot be doubted that miasmata and other morbid agents diffused through the atmosphere are *more readily* introduced into the system through the pulmonary surface than by any other; and our aim should therefore be directed to the *discovery* of some *counteracting agents* which can be introduced in the same manner. The pulmonary surface affords a most advantageous channel for the introduction of certain medicines that can be raised in vapour when it is desired to affect the system with them *speedily and powerfully*."—p. 535.

The preceding extracts, made as they are from the very

* This distinguished man is personally acquainted with some cases of advanced pulmonary consumption in which my treatment has proved eminently successful.

highest authorities, will sufficiently indicate the tendency of the professional mind towards the truth, in the *recognition of the local and constitutional potency of inhaled remedies*, which is the plain, common-sense principle upon which my practice is founded, and the secret of that success which has attended it.

Having thus brought ample testimony as to the fact of inhalations being, as described by an eminent writer (*Ed. British and Foreign Medico-Chirurgical Review*), “in accordance with reason, analogy, and experience,” I shall now begin my references as to the *practical results* of Inhalation by extracting the following example (condensed) of recovery, which appeared in the LANCET (vol. xx. p. 169) under the heading of—

CASE LI.—TUBERCULAR CONSUMPTION OF THE WORST KIND
CURED BY THE INHALATION OF CHLORINE. By DR.
COTTEREAU, &c. &c.

Mme. N——, æt. twenty-seven, was of a lymphatic nervous temperament, delicate constitution, middle stature, and exhibiting all the indications of a scrofulous disposition. One of her sisters had fallen a victim to phthisis already, and she herself, during her early years, was affected with a variety of scrofulous diseases, viz. swelling of the cervical glands and chronic ophthalmia, &c.; and she had also been subject to frequent hysteric paroxysms. At twenty-five Mme. N. married, and became quickly pregnant, but miscarried, without evident cause, at the second month.

Soon after this occurrence she became affected with a dry cough, which gradually increased in frequency, and was ac-

accompanied with vague thoracic pain, especially between the shoulders, where it permanently fixed. She shortly found her respiration so difficult, that she could not rest in the horizontal posture, and she was compelled to pass whole nights on her chair. Nevertheless her appetite and strength continued unimpaired.

In April, 1828, Mme. N. became pregnant a second time, and began to suffer from habitual constipation; the cough, which had been rather alleviated for two months, was now followed by the expectoration of white, frothy, small, thick, and globular sputa. In this state she continued till September, when all the symptoms became aggravated; the expectoration was most profuse, and at length was mixed with considerable quantities of blood. Nightly sweats and emaciation now rapidly succeeded. Her accouchement took place, however, in December. This event was followed by the cessation of a hoarseness with which she had been previously afflicted, but all the other symptoms continued as before. On the 23rd of December, and 15th of January, the hæmoptysis again recurred, but was restrained by local abstraction of blood. The appetite now declined, the thoracic pain increased, hectic set in, the expectoration became more profuse, and the least motion induced sanguineous expectoration.

During all this time the lady was treated with anodynes, antiphlogistics, aperient lavements, and milk diet.

In May diarrhœa came on, and the patient was removed to the country, where she experienced slight relief, but was compelled to return to Paris in July, when she was first seen by Dr. Cottereau. Besides the general symptoms already described at sufficient length, the physical phenomena were these :—voice almost inaudible; the chest on percussion gave

an exceedingly clear sound at a circumscribed point, about an inch below the right clavicle; everywhere else the sound was obscure, especially round the sonorous spot, where it was decidedly dull. At the left side the upper two-thirds, anteriorly and posteriorly, were natural, the inferior third very dull. By auscultation in the right axilla, and in the right subclavicular region, an excavation was decidedly proved to exist by the concurrence of cavernous respiration, gurgling, and pectoriloquism. Around the cavity the respiratory sound was absent. Elsewhere, at the right side, tracheal respiration, with slight crepitus. At the left side the respiration was natural, except in the lower third, where it was confused, and mingled with the mucous rattle. The heart gave no abnormal indications, though its motions were readily accelerated, and made irregular by the slightest exertion. No epigastric or abdominal pain, or tenderness, existed at this period. Besides the thoracic symptoms already enumerated, Mad. N. now complained of some laryngeal pain, which circumstance prevented the immediate employment of the chlorine inhalation, and Dr. Cottreau attacked this symptom with leeches to the throat and emollient drinks. A blister was also applied in a few days, and by the 20th of July she was sufficiently relieved of the laryngeal pain, to allow of the commencement of the chlorine treatment. Five respirations were practised daily at a temperature of 160° Fahr., three drops of liquid chlorine to each.

For the first few days the contact of the gaseous chlorine produced a certain degree of irritation in the mouth and fauces, profuse salivation ensued, and a feeling of disagreeable heat was experienced in these situations. By the 31st of July, however, these effects no longer occurred, and the

patient was enabled to increase the quantity of ehlorine. No marked alteration ensued in her symptoms until the 23rd of August. In the interval, from casual symptoms of irritation in the air-passages, the quantity of chlorine had to be altered from time to time. But her improvement was now decided; the eharacteristie sputa were altered in appearance; the cough and dyspnœa relieved, and the night sweats diminished. Her appetite began to return. Her strength increased, and her bowels acted regularly without medicines or enemata. On the 10th of September the general amelioration was still progressive, and the stethoscopic phenomena gave the following indications. Percussion clear all over the left side, and less obscure at the right side than it was on the first exploration. The respiratory sound is heard throughout the left lung, and is no longer accompanied by the mucous sound. In the right lung no erepitation, but a slight mucous râle. The pectoriloquism and eavernous sound still remain, but the gurgling has almost ceased.

The ehlorine inhalation was now continued till the 22nd of September, when, during a paroxysm of difficult menstruation, sudden thoracic and laryngeal pain supervened to such a pitch, that the gas was necessarily discontinued, and it was found impossible to resume its administration till the 15th of October, from which day till the 12th of November it was again employed, and the lady's health again daily improved. On the 13th of November the sound on percussion was much less obscure, especially around the excavation; the mucous rattle still existed; the pectoriloquism and cavernous sound had much diminished, and the gurgling entirely gone. The respiration was now free, she could rest in any posture, the night sweats had declined to a mere degree of moisture

towards morning, the cough was scarcely troublesome, and the expectoration almost natural; her complexion returned, her skin regained its softness, and she recovered plumpness and strength.

2nd to 12th Dec.—Her health appears entirely re-established; the cough and expectoration have altogether ceased; *pectoriloquism and the cavernous sound are not heard any longer, and where they before existed percussion now evolves a dull sound, and respiration is inaudible.*

* * * During the previous treatment she had been visited at different periods by Drs. Clairat and Secondat, by M. Sian-la-Vigne, surgeon to the 4th regiment of infantry of the ex-royal guard, and every ten days by MM. Caignon and Parmentier, who made and took notes of the necessary stethoscopic examinations. * * * *

Subsequently to the occurrence of the above highly interesting and important case of recovery, Dr. Cottureau instituted, in conjunction with M. Gannal (*vide* ‘On the Inhalation of Chlorine in Pulmonary Consumption,’ translated by Potter), a very extensive trial of the inhalation of chlorine in various pulmonary, asthmatic, and bronchial diseases, which was attended with the most satisfactory and cheering results.

In the *Arch. Gén. de Médecine*, Nov. 1830, Dr. Cottureau afterwards detailed, among others, the following eleven cases, in which the general and stethoscopic indications were equally decisive of the existence of pulmonary disease, and in which perfect recovery ensued under the inhalation of chlorine.

CASE LII.—ALL THE APPEARANCES OF CONSUMPTION—
RE-ESTABLISHMENT OF THE HEALTH.

Count —, of a hot, dry constitution; ill about two years, harassed by a frequent and obstinate cough, always followed by purulent expectoration; sleep much interrupted. Dulness existed in the upper third of the right lung. A great quantity of cough medicines had been used, and a blister had been applied to the arm, when, by the advice of his physician, the patient determined on leaving his country (Belgium) to go to Paris. There he consulted several physicians, who, after examining his chest, advised him to winter at Nîmes, or some other southern locality. Having heard of the success of M. Gannal's chlorine inhalations in Consumption, he commenced the system on October 21, 1827. They diminished at first the frequency of the cough, and the quantity of the expectoration. The appetite improved; the complexion assumed a better colour; the skin nevertheless remained hard and dry. Baths were prescribed, and Dr. Begin advised a soothing regimen. From the beginning of November the patient's condition was decidedly improved; and the re-establishment of the health sensibly and steadily advanced, excepting now and then unfavourable symptoms from changes in the weather, &c. At the beginning of January, 1828, the patient gave every promise of a perfect cure. The dulness of the left lung had disappeared; the appetite was excellent; the night's repose undisturbed; the strength restored to its ordinary degree. The patient left Paris on April 8, perfectly well. Dr. Begin, who had superintended the case, addressed the following note on the subject to M. Gannal:—

“Count ——, under the chlorine inhalations, has experienced the gradual diminution of the oppressed breathing and the exhausting expectoration. He had been in the habit of noting every day the number of his coughing-fits, and the amount of the expectoration, and has found both to diminish regularly. The appetite has become as perfect as ever, and can be satisfied with impunity. The patient now feels no uneasiness about the chest, sleeps perfectly well, and enjoys the pleasures of walking and of public entertainments without any inconvenience. The dull sound of the chest under the collar-bone no longer exists; and everything indicates a cure as speedy as it has been unexpected—speedy, especially, when compared with the length of time he had been ill.”

After the departure of the patient, M. Gannal remained in correspondence with him; and a few months afterwards received from his ordinary medical attendant, Dr. Francis, of Mons, a letter, in which the latter said, “I can assure you that at this moment Count —— is in the most flourishing state of health in every respect. One would never suspect that his chest had been affected, so strong in his voice, and so free his breathing, in spite of excessive exercise, and a mode of life far from conformable to the hygienic laws.”

CASE LIII.—DECLARED CASE OF CONSUMPTION—SPEEDY ARREST OF THE DISEASE.

Madame C., of a pale complexion, and lymphatic-nervous temperament, was seized, April 12, 1828, without any appreciable cause, with dry cough and pains of the chest, which

induced her husband, a physician, to apply thereon thirty leeches. The bleeding afforded some relief; but on April 27th fever came on in the evening, and the cough and pain in the side were harassing. Cough mixtures, opiates, and several blisters having been used, without success, Dr. Cottureau was called in consultation. Madame C. had then little sleep and appetite, night-sweats, profuse expectoration of opaque purulent matter, a sensation of pain and heat under the breast-bone; weakness, anxiety, a continual fever, increasing towards evening, rapidly progressive emaciation, and cold extremities. Menstruation, however, was regular. Auscultation and percussion practised a few days before yielded no positive signs; but to-day the impermeability of the summit of the right lung was manifest; also the two upper thirds of the left advancing to the same condition, with indications of severe bronchial implication. Another physician, consulted four days later, recognised the same pulmonary lesions, and considered the case one of unequivocal consumption. May 15th, the chlorine inhalations were commenced. From the 16th to the 22nd, they produced some dryness of the throat, and running from the nose; and the salivary secretion was slightly increased: the cough and purulent expectoration decreased—the latter lost the green hue it presented at first; the perspirations diminished; and the sleep became longer and more calm. From May 22nd to June 1st, the patient's progress was more rapid than could have been expected. The fever and its evening exacerbations had completely disappeared. The signs afforded by auscultation and percussion were correspondingly improved in character. Cough and expectoration, and difficulty of breathing, were almost gone. The appetite

and the strength returned. The patient was supported with a generous diet, and a little Bordeaux wine diluted with water. For constipation, lavements with castor-oil were prescribed. On June 18th her health was completely re-established, and has continued so.

CASE LIV.—HEREDITARY CONSUMPTION APPARENTLY FAR
ADVANCED. ENTIRE DISAPPEARANCE OF THE SYMPTOMS
AND THE PHYSICAL SIGNS.

Madame F. E., of a lymphatic temperament, a very delicate constitution, and born of parents who both died young of consumption, was seized on June 18, 1828, without obvious cause, with a frequent dry cough, for which every remedy was tried in vain. In the beginning of August she presented the following symptoms: remarkable emaciation, red and prominent cheek-bones, skin of a bad colour, extremities continually cold, very decided weakness the last eight days; anxiety, ennui, dejection of spirits, and excessive restlessness, of which nothing could relieve her. Pain between the shoulders and on the left side, sensation of heat behind the breast-bone. Copious purulent expectoration, sometimes greenish, often streaked with blood. The stethoscopic indications were those of acute bronchitis, chiefly affecting the left lung; but the body was evidently predisposed to consumption in the highest degree, and the dullness which existed in the upper part of the left lung was in all probability the result of a tubercular deposit. She could not lie on the right side. The pulse, very feeble, presented increased frequency towards evening. There was no indication of digestive disorder. During the night but

little sleep, and the patient harassed with profuse perspirations. Dr. Cottureau, called in consultation, proposed chlorine inhalations, which were begun August 5th.

Towards the end of August the patient was decidedly improved; the appetite keen; cough less annoying; expectoration diminished and better in character; the evening fever less, sleep longer and more profound; night-sweats lessened. By the middle of September the case yielded every promise of a prompt cure. The pains of the chest disappeared; cough and expectoration only in the morning. The integrity of respiration was restored over the greater part of the lungs affected; sleep lasted the whole night; the perspirations almost gone. Under the arm-pit an engorged gland made its appearance. Towards the end of September the patient became plump, the strength rapidly returned, and she walked out several hours a day. The last remnant of dulness had disappeared from the lungs; she could lie equally well on either side. By the 10th of October there was no more cough or expectoration; and the swelled gland in the arm-pit had gone back. On the 20th of October the patient gave up treatment, her health being quite re-established.

CASE LV.—EVIDENT CASE OF CHRONIC CONSUMPTION,
COMPLICATED WITH BRONCHITIS.—CURE.

At the end of August, 1828, Dr. Cottureau was sent for to M. Van der B., a Dutch merchant just arrived in Paris, who laboured under an affection which he designated a “neglected cold,” a disease of which he said several of his relations had died. He was thirty-five years of age, very feeble,

of a nervous temperament, subject to frequent and harassing cough, since his seventeenth year. He was much reduced in flesh, skin dry, countenance of a leaden hue. Pulse full, but not febrile (80); difficulty of breathing painful. Dull sound of all the left lung behind, less marked in front, except under the collar-bone; and here there were evident signs of a small cavity. Signs of bronchial irritation elsewhere, and also in the right lung; a sharp cough, especially morning and evening; abundant expectoration of thick purulent sputa, yellowish or greenish-grey. Dull pains between the shoulders; little sleep; night perspirations; tongue furred and red at the sides; entire want of appetite, but bowels regular.

The patient had several times experienced attacks of the present nature, but never so severe; he had been under the care of M. Cadot, who had tried all the usual remedies in vain. The chlorine inhalations were begun the 2nd of September, and towards the middle of the month some amendment was perceived; but the sudden drying up of the bronchial secretion threatened a bleeding from the lungs, which caused the treatment to be suspended. By the 18th of September this danger was passed over; and all the symptoms of the case were much improved. Sleep good, tongue clean, appetite and strength returned; the signs of the cavity still exist. October 18th, the skin has resumed its natural hue, the face its expression, and the body its plumpness. No remains of the cavity, save dulness over its seat. Everywhere else the respiration natural. M. Van der B. left Paris the following month, and wrote back, that, notwithstanding the fatigues of a journey made in the midst of winter, and being employed much on the way with commercial affairs, his health had never faltered an instant.

CASE LVI.—CONSUMPTION—HÆMOPTYSIS—VOMICA—BAD
SYMPTOMS — AMENDMENT — INTERMITTENT FEVER —
CURE HIGHLY ATTESTED.

M. J. J. P., student of medicine, aged twenty-six years, of a delicate constitution, and of a lymphatic-bilious temperament, was seized in May, 1827, after intermittent fever, with a slight dry cough, which gradually increased, and became at length very violent in the August following. Bleeding from the lungs then took place frequently, and at intervals more or less distant. During this time the cough kept on, with alternations of better and worse, accompanied sometimes with abundant greenish sputa. December 27th, 1828, M. P. felt in the centre of the left lung a sharp pain, extending to the breast-bone; next day he experienced in the same place a sensation of boiling, immediately followed by cough and violent hæmoptysis. December 29th, Professor Chomel saw the patient, and prescribed low diet and absolute rest and silence. January 4th, 1829, a renewal of the bleeding, but not of long duration. 8th January, cough still severe; profuse expectoration of thick sputa, opaque, greenish yellow; the patient could not keep himself erect, nor lie on his back, nor left side; complained of a constant acute pain between his shoulders. Percussion yielded everywhere a dull sound, and in some places this indicated entire solidification of lung. Marked pectoriloquy over the spot where the boiling was felt, with gurgling, &c., denoting the existence of a cavity. Mucous râles heard in the posterior part of the same lung. The next day chlorine inhalations were begun, notwithstanding the expectoration of sputa tinged with blood. January 14th, slight diminution of the symptoms—expectoration less bloody and

less opaque. From the 18th to the 20th, the apparatus being broken, the inhalations were suspended, and the sputa became again tinged with blood. January 21st to 25th, sputa no longer bloody, complexion improves, appetite returns, digestion easy. From January 26th to March 19th, the patient had intermittent fever and diarrhœa, which often caused entire suspension of the treatment for days together. The cough and expectoration resumed their former intensity; and the diarrhœa had reduced the patient to the last degree of feebleness and emaciation. From the 20th to the 31st of March inhalation recommenced and continued regularly. Gradual improvement; cough, expectoration, and diarrhœa diminished; appetite and strength begin to return.

From the 1st to the 20th of April, the patient could use the chlorine inhalations to any extent, without being fatigued. The cough, expectoration, and pains of the side ceased entirely. The mucous rattle, the gurgling, the cavernous sounds, the pectoriloquy, the dulness, completely disappeared, and the respiration was natural in the entire extent of both lungs. He could lie equally well on both sides and on the back. No diarrhœa. Appetite and strength returned, and the patient begins to gain flesh.

M. P. was seen by a great many physicians during the course of his treatment, and his chest was attentively examined by several of them at the time the pulmonary lesions existed in the most marked degree. Among others, Professors Dumeril and Desormeaux, Drs. Gillet de Grandmont, de Caignou, Parmentier, Clairat, and Daveau, examined him again after his recovery, and were convinced of the disappearance of the physical signs of consumption which they had previously observed. From this time his health has remained as perfect as before his illness.

CASE LVII.—ALL THE SYMPTOMS AND SIGNS OF FAR-GONE CONSUMPTION—RAPID IMPROVEMENT—PERFECT CURE CORROBORATED BY HIGH AUTHORITY.

M. C., of Dijon, bootmaker, æt. twenty-nine, of a weak constitution, of a nervous-bilious temperament, subject to frequent "colds in the head," and troubled for a considerable time past with a slight dry cough, with an occasional expectoration of a yellowish-white consistent matter, in form and size like grains of rice. Was laid up about the middle of January, 1829: cough increased, with headache and nausea; appetite and strength greatly reduced. The symptoms went on from bad to worse till April 16th, when Dr. Cottereau was consulted. The patient presented then the following condition:—complexion of a leaden hue, very considerable weakness and emaciation, pain between the shoulders, breathing short and painful, and almost impossible after having walked a few steps or up a short stair, which efforts were followed by violent palpitation of the heart. Violent cough, especially in the morning, accompanied by a copious but difficult expectoration of thick sputa, opaque yellowish-white or grey; heat and dryness of the skin, and a febrile paroxysm in the evening; but little sleep, tossing about, and profuse perspirations in the night-time; impossibility of lying on the right side. All the right side of the chest was dull on percussion—more marked at the lower part, and about an inch and a half below the collar-bone. The left side resonant at its middle third, but less clear in the upper and lower thirds. Respirating sounds very feeble on the left side. Below the collar-bone, in the arm-pit, and below the spine of the shoulder-blade, there was marked pectoriloquy, with *mncons râles*. In the

whole of the left lung the respiratory murmur was distinct, except at the apex. Crepitant râle a few lines above the mamilla: bronchophony between the scapulæ. The beatings of the heart regular, but strongly marked in every part of the chest. Constipation.

January 27th, chlorine inhalation was begun—everything else having failed. May 6th to 9th, sleeps better; perspirations less abundant; appetite returning; decrease of the cough and expectoration; breathing more free.

May 10th-19th: rapid improvement; less heat and dryness of the skin; evening fever diminished from the 14th. Appetite increased; return of strength sufficiently to permit a walk in the middle of the day. May 20th-31st: great progress from day to day; can now sleep equally well on either side. The physical signs, however, remain as before. From the 26th the patient recommenced work partially, without being inconvenienced by it. June 1st-10th: progressive return of the strength and flesh; complexion of natural colour; cessation of the fever, and of the dryness and heat of skin that accompanied it: pains in the side gone. All the left side of the chest, and the dull parts of the right, are become resonant: the crepitant râle no longer heard; the mucous râle and pectoriloquy are indistinct. Persistence of bronchophony. A little cough in the morning, accompanied with greyish sputa. Appetite and sleep are good, and the patient is able to engage in his occupation all day. From June 11th to July 5th, the cough, expectoration, the dulness, the mucous râle, the pectoriloquy, diminished gradually, and at length disappeared. The bronchophony alone continued. The patient, however, presented all the appearance of health; could walk quickly, and mount a stair without being out of breath. The

respiratory murmur was normal in the chest everywhere. In a word, the patient's health was perfectly re-established. He was seen and examined during the course of his treatment by the physicians named in the last case and others, who corroborated the fact of the entire recovery of the lungs. Since this time the health of M. C. has never faltered.

CASE LVIII. — EXTENSIVE VOMICA IN A THOROUGHLY
TUBERCULAR SUBJECT—HÆMOPTYSIS—NIGHT-SWEATS
—DIARRHŒA—CURE HIGHLY ATTESTED.

M. P., æt. thirty, whitesmith; feeble, lymphatic, subject to take cold; in his youth had enlarged glands of the neck; his father died of consumption. In February, 1829, was seized with pains of the chest, and a dry cough, which soon increased, and was followed by an abundant expectoration, opaque, purulent, and often of a greenish-yellow. On this followed fever, night-sweats, sleeplessness, want of appetite, diarrhœa, and emaciation. The pains of the chest redoubled in violence during the first days of April; and he had three violent attacks of bleeding from the lungs in one week. Dr. Cottereau saw him on the 13th of April. The symptoms had gone on increasing in gravity. The right side of the chest sounded dull over its two lower thirds, and it showed complete solidification of the upper third, where the stethoscope recognised gurgling, equally perceptible before and behind and under the arm-pit (the indications of a large cavity). Much mucous râle. On the left side a little dulness under the collar-bone; but sufficiently clear resonance elsewhere; at the apex bronchial respiration and mucous râle. Pulse 98; beatings of the heart irregular on the least movement; unable to

lie on the left side or the back ; deep circumscribed flush of the right cheek. The chlorine inhalation was commenced, but proved too irritant to the bronchial mucous membrane, having slightly streaked the sputa with blood ; suspended till May 1st, during which interval, rest, silence, low diet, mucilaginous drinks, and a soothing potion with digitalis were prescribed.

May 11th-25th : expectoration less abundant ; but still slightly streaked with blood. Cough and night-sweats diminished, as well as the diarrhœa and the fever. Pulse 82. Appetite reviving.

May 26th to June 15th : steady progress ; cessation of the diarrhœa ; strength increasing. June 16th-30th : the fever, perspirations, diarrhœa gone. The cough, expectoration, and pains of the chest much less. The mucous râle only in some points. Respiration natural in the two lower thirds of the left lung and in the lower half of the right lung. The gurgling is hardly perceptible ; but the pectoriloquy and the dulness remain as before. Appetite and digestion excellent : rapid return of the strength. July 1st-12th : the symptoms disappear one after the other ; the cough and expectoration especially have almost entirely ceased. The patient considers himself entirely cured, and wishes to go to the country for some days before recommencing work. August 10th : M. P. has been at work eight days. Pectoriloquy gone ; but some dulness remaining. In the morning a few white sputa were expectorated without cough ; could lie equally well on either side, or on the back ; but quick walking or ascending a stair still caused breathlessness and beating of the heart. Any considerable effort produced copious perspiration. In other respects M. P. was perfectly well, and the cure was perma-

nent. This patient was also seen and examined by other physicians, who testified to the existence of the pulmonary lesions and the changes they underwent in the course of treatment.

CASE LIX.—EVIDENCES OF TUBERCLE, BRONCHITIS, AND
VOMICA—SPEEDY RE-ESTABLISHMENT—HEALING UP
OF THE CAVITY ATTESTED.

Madame J., æt. twenty-eight, constitution delicate, temperament lymphatic, chest contracted at its upper part, lost a mother and sister of consumption ; had just undergone a mercurial treatment for an old syphilitic affection. In the beginning of February, 1829, had a miscarriage in the sixth month of pregnancy, on which there supervened a slight cough with a very copious expectoration of thick, opaque, yellowish-white or greyish sputa. These symptoms rapidly increased ; cough became more severe, and the expectoration, often streaked with blood, assumed a decidedly purulent character. Fever came on in the evening ; sleeplessness and night-perspirations ; in short, all the symptoms of pulmonary consumption—emaciation, want of appetite, hectic suffusion of cheeks, burning heat in the palms of the hands, dyspnœa in walking, pain between the shoulders, inability to lie on one side, &c. The summit of both lungs sounded dull on percussion, as also the middle third of the left lung. Respiratory murmur absent in the dull parts ; two fingers' breadth below the right clavicle manifest gurgling and pectoriloquy were heard. Mucous râle over a great part of both lungs. No diarrhœa. Menstruation regular. Dr. Cottreau saw her May 1st, and advised the chlorine inhalation. From May 5th till the end of August

the symptoms gradually disappeared. By August 1st the patient's strength was quite recruited. The only thing which could be remarked on percussion of the chest was a dulness corresponding to the point where the vomica was detected. Madame J. resumed her ordinary occupations, and passed through the severe winter of 1829-30 without any bad result. Since that time Dr. C. had many occasions of examining the chest, and confirming the permanence of the healing process. A number of physicians attested the facts of this case also.

CASE LX.—CHRONIC CONSUMPTION WITH BRONCHITIS—
SUPPOSED VOMICA—COPIOUS HÆMOPTYSIS—CURE.

M. R., of Lyons, æt. forty-six ; weak constitution, lymphatic-nervous temperament ; two brothers and a sister presented symptoms of scrofula ; had himself in his youth numerous enlarged glands of the neck ; came to Paris in June, 1829, to be treated for stricture, &c. For several years he had been subject to cough and expectoration of whitish-yellow opaque sputa, often tinged with blood. He was seized with one of these attacks a few days after his arrival. The symptoms went on increasing. The cough became more violent and frequent ; the expectoration more copious and purulent : stitches in the side were complained of ; the sleep was very imperfect ; and partial night-perspirations set in. The appetite and strength diminished, and a febrile paroxysm set in each evening. Dr. Cottureau saw the patient on July 6th. The chest was ill-developed, of less capacity on the left than the right side : the latter sufficiently resonant ; the former presenting considerable dulness in its two upper thirds. A little mucous râle on

the summit of the left lung, which elsewhere did not present anything abnormal. The right lung was impermeable to air in almost its entire extent; cavernous râles and whiffs. Resonance of the voice more analogous to bronchophony than pectoriloquy in front, at the level of the third intercostal space, and two inches from the sternum. July 8th: chlorine inhalations were commenced, with the first effect of aggravating the symptoms, and bringing on a copious hæmoptysis, through the incaution of the patient increasing the dose contrary to orders. The bleeding was very abundant, and of pure arterial blood; it lasted an hour, and yielded to blood-letting. On the 11th August the inhalation was recommenced gradually, and continued to the 1st of October, at which period the symptoms of consumption had entirely ceased. The patient now resumed his usual mode of life; but continued the inhalation till the 25th of October. Since then there has been no relapse. Several physicians saw this patient during the course of treatment, and examined his chest.

CASE LXI.—VERY CLEAR CASE OF CONSUMPTION FAR ADVANCED—BAD SYMPTOMS—CURE MOST COMPLETE.

Madame L., of Oudenarde (Belgium), æt. twenty-three; of a feeble constitution and lymphatic-nervous temperament; having lost a sister of decline, subject to an expectoration of small yellowish white morsels; constantly short-breathed since infancy; consulted Dr. C., July 2, 1829. She had coughed and spit for about two years; and had used in vain every means advised by several physicians. She had recently two attacks of bleeding from the lungs, which had yielded to blood-letting. She presents the following con-

dition. Very considerable emaciation and feebleness; breathing difficult; sharp pains in the chest, especially between the shoulders, and behind the sternum; frequent cough; sputa thick, yellowish or greyish green. Dulness under the right clavicle to the extent of three inches down. Respiration tracheal, and marked pectoriloquy in the same part and also in the corresponding region behind. Nearly normal state of the left lung, which only presents a little mucous r  le here and there. Breathlessness and palpitation in walking or mounting a stair. Pulse 94, feeble: a feverish paroxysm and great heat in the evening; little sleep; night-perspirations confined to the chest. Great loss of appetite; burning sensation in the throat and mouth, especially in the evening. Alternations of constipation and diarrh  a, with almost continual colics. Profuse leucorrh  a. Inability to lie on the left side; side and glands of the neck swelled.

Aug. 6th, chlorine inhalation begun, and for a month was diminished or suspended occasionally, according to variations in the condition of the patient. Sept. 9th to Oct. 17th: diminution of the pains of the chest, of the cough and expectoration, and the patient can lie on either side. The feet, however, have been slightly swelled for some days. Very small doses of digitalis dissipated the symptom.

Oct. 18th to Jan. 4th: slow improvement, but marked till December, when patient began to suffer from the excessive cold, and to have alternations of better and worse. Inhalation now suspended, and replaced by hydriodate of potass inwardly, and iodine ointment to the neck. From Jan. 5th to Feb. 5th no change reported. Inhalation recommenced. From Feb. 7th to April 27th, progressive improvement. The symptoms disappeared. The chest returned to a state which

seemed perfect; and all the functions were regularly performed, and Madame L., with the recovery of her strength, presents all the signs of excellent health.

CASE LXII.—THOROUGHLY SCROFULOUS SUBJECT—MANIFEST TUBERCLE IN BOTH LUNGS—SEVERE GENERAL SYMPTOMS—RESTORATION PERFECT.

Mademoiselle C., æt. nineteen years, corset-maker; of a weak constitution and lymphatic-nervous temperament; lost her father of consumption; was affected in infancy with mesenteric disease, then with other forms of scrofula up to the age of twelve, which yielded to treatment at Geneva. Cough commenced in May, 1829, in consequence of a cold foot-bath, which suppressed a constant profuse perspiration of the feet. About the same time she caught the itch, which was cured by frictions with citrine ointment. The cough increased, and the expectoration, at first white and clear, became thick, opaque, yellow, and sometimes greenish. Menstruation, hitherto irregular, became now still more so. Malaise and difficulty of breathing ensued, especially towards evening; then a regular febrile paroxysm set in: in the night short sleep, restlessness, and profuse perspirations; loss of appetite; diarrhœa. Dr. Cottureau was consulted December 11th. The left side of the chest sounded sufficiently clear below the collar-bone. But around this point very marked dulness existed, extending to the lower third of the lung, which was but slightly resonant. Dulness of the upper fourth of the right side. Pectoriloquy was distinctly heard in the upper third of the left side before and behind, and under the arm-pit. The

middle third of this lung was impermeable to air. Feeble respiration and subcrepitant râle in the lower third. On the right side respiration was absent in the upper fourth. Everywhere else it was natural, and accompanied only with a slight mucous râle. Bronchophony behind and along the vertebral column. Inability of lying on the right side. Walking or ascending a stair produced violent dyspnoea and palpitation.

The patient used opiates and digitalis till January 24th, 1830, without any benefit, when she began the chlorine inhalation. The 31st it was suspended on account of threatening hæmoptysis. February 6th, inhalation recommenced. February 13th to March 10th: improvement. The catamenia have made their appearance. It was necessary again to suspend the inhalations on account of the threatening of hæmoptysis. The cough, the expectoration, the hectic, and the perspirations are all diminished. March 11th, inhalation recommenced. Ups and downs till April 10th. Diet now ordered to be more substantial. April 11th to August 6th: gradual recovery took place, interrupted from time to time by slight relapses. The patient to-day affirms she was never in better health. The chest is returned to the normal state. The dulness, the pectoriloquy, the mucous and subcrepitant râles exist no longer. Bronchophony alone is still heard along the spine. The strength is restored, and embonpoint commences. No movement now obstructs the respiration—not even mounting a stair. Menstruation is still irregular; but it has never been otherwise. Inhalation was continued in decreasing doses till the end of the month.

Mademoiselle C. set off the 1st of September for the country, where she remained till October 21st, and continued

perfectly well. Dr. C. saw her afterwards, and everything announced an enduring cure.

The late SIR CHARLES SCUDAMORE, M.D., has given to the profession some forty cases* indisputably proving the efficacy of the inhalation of IODINE in various affections of the respiratory organs. From these important examples of recovery I have extracted the following nineteen cases (greatly curtailed to avoid the tedium of minute details); for the high reputation and great experience which this eminent and learned physician so long enjoyed are alone sufficient to entitle medical inhalation to the confidence of the profession.

CASE LXIII. — WELL-MARKED CASE OF TUBERCULAR
 PHTHISIS; SUCCESSFULLY TREATED AND THE RECOVERY
 PERMANENT.

A gentleman, aged twenty-six, of the middle height, muscular, of the mixed temperament, well formed in the chest, usually enjoying good health, with the exception of a liability to take cold and have a catarrhal cough in the winter season. He caught cold from exposure for some hours, on horseback, to a north-east wind, in March, 1833. Inflammatory symptoms with pleuritic pain occurred, and general and local bleeding was used, with blistering, and an antiphlogistic treatment.

* On Pulmonary Consumption, and on Bronchial and Laryngeal Disease. By Sir Charles Scudamore, M.D. Edinburgh, Glasgow, and Paris; Member of the London College of Physicians, and of the Imperial College of Physicians, Vienna, F.R.S., &c., 1847.

I saw him first in the beginning of June, 1834, and received the following account of his case from Dr. Skrimshire, of Peterborough, in Northamptonshire. "This patient is the subject of recent but rapid tubercular phthisis." Then detailing the treatment which had been used, he adds, "I have not, however, at any time, reduced the rapidity of the pulse, or the urgency of the cough, for more than a day or two; the wasting has been progressive and rapid; and the expectoration, though never profuse, has for the last three weeks or a month been puriform."

I found the sound dull on percussion over a considerable extent of the left side; the respiration imperfect, and near the axilla the indication of pectoriloquism was sufficient to render it probable that a small cavity existed at the upper part of the lung. The signs on the right side were good. His breathing was much hurried on slight exertion. The cough was harassing; the morning expectoration was considerable, creamy, of disagreeable odour, and gave prismatic colours. He was suffering from slight pleurisy of the left side. He could not sleep without having the head much raised, nor lie well on either side. He had been more sensible of daily hectic fever and night-perspirations a month before than at the period of my visit. The pulse ranged from 112 to 120; the animal heat was 101° . He had greatly lost flesh and strength, and his pale and hollow cheeks proclaimed at once the severe character of his disease. It was encouraging that his appetite was for the most part good, and that the digestive functions were not much disturbed; but the urine deposited lateritious sediment abundantly. So soon as I had removed the pleuritic pain by local treatment, I directed the inhalation of iodine with conium, and treated him altogether on the

principles which I have detailed in the statement of my other cases.

This gentleman improved so regularly and favourably, that he went into the country at the end of July, with the feelings of nearly restored health. He had gained flesh and strength, and was almost free from cough. The pulse was regularly under 80, and the animal heat was reduced to 97. He praised the inhalation as the great source of his cure.

OBS.—I have the satisfaction of stating that this patient never had a relapse; and that, at the present time, now distant from the attack thirteen years, he is in the enjoyment of good health. His pulse is 68. The favourable circumstances in this case, when I made my first visit, and which allowed me to entertain hope, were the good appetite and digestion, and the favourable indications of the state of the right lung. But who can deny, even from the statement of Dr. Skrimshire, that the disease had the strong character of pulmonary consumption, and wore a very hazardous aspect?

CASE LXIV.—THE SYMPTOMS INDICATIVE OF TUBERCULAR IRRITATION, BUT NOT OFFERED AS A CLEAR EXAMPLE OF PHTHISIS.

A young lady, aged twenty-four, whose sister had died from consumption. The inhalation of iodine and conium rendered the most satisfactory relief and lasting benefit.

In the history which she gave me of her case, she stated that, in the year 1830, she had fallen into a very delicate

state of health, in consequence of a chest complaint. She went abroad, in the hope of re-establishing her health; and which object was, in great measure, effected by residing five months at Nice. Yet, living again in England, she experienced a relapse of her disorder in 1832; and such was the delicacy of her chest, that any slight exposure to a damp or cold atmosphere was almost certainly followed by pulmonary disturbance; her symptoms being, shiverings, succeeded by heat of skin, and perspirations; cough and shortness of breathing; with a general soreness of the chest, and a sense of constriction, attended with debility and great depression of spirits.

Under such circumstances I was consulted; and upon examination of the chest, by auscultation and percussion, I had the clear evidence that the upper part of the right lung was much obstructed; but on the left side the respiration was natural, with the exception of some slight râles. I adopted my usual plan of treatment, the particulars of which I will not detail. The result was most satisfactory. My patient described that she "felt from the inhaling a soothing and healing effect; soreness and pain were soon removed; and she became sensible of a freedom and expansion of the chest to which she had long been a stranger. The relief which she experienced gave her the idea of long-closed valves being re-opened and set free." After a few weeks all the troublesome symptoms passed away. By pursuing a careful system of management, medical and dietetic, and paying strict regard to regimen, this young lady regained her health; and, I have every reason to believe, has continued well.

CASE LXV.—THE EXISTENCE OF TUBERCLES PRESUM-
ABLE; A SATISFACTORY RECOVERY.

A lady, aged twenty-two, mother of three children, consulted me in April, 1835. She had been falling off in health for a year past. Her youngest child was fifteen months old, and she had nursed it for twelve, but with difficulty. She related that she had, within the last few months, lost flesh and strength very rapidly; that on six or seven occasions she had coughed up small quantities of pure blood, but latterly it had only appeared occasionally, streaking the expectoration.

At my visit I found her suffering from harassing cough, with the inspiration easily hurried by slight exertion, and a distressing sense of restraint over the chest. She had daily hectic fever, and severe night-perspirations; the pulse upwards of 100; the animal heat 100° ; the appetite was lost, and the spirits were much depressed. The sputum was considerable in quantity, muco-purulent in appearance, offensive in odour, and slightly streaked with blood. The signs by auscultation were, much mucous râle on each side, but on the right especially, and there mixed with the sibilant. In this part, also, the voice was very resonant, and on percussion the sound was dull. I considered that there were tubercles, but that no softening had taken place.

It had been thought proper to keep her on very low diet; and it had been candidly stated to her friends, that, as further trials with medical treatment could not in all probability render any benefit, it would be most expedient to try change of air, and trust to that alone.

RESULT.—She experienced very sensible relief from the in-

halation, and in a short time was enabled to lie down in bed comfortably on either side, from which she had been long prevented, and the embarrassment of her breathing on exercise was most satisfactorily relieved; she could take a considerable walk without inconvenience.

This lady quite recovered her health at the end of four months. I had the means of knowing that, for nearly three years, she remained well. After that period I lost sight of her.

CASE LXVI.—HÆMOPTYSIS, SUCCEEDED BY ULCERATION; HECTIC FEVER WELL MARKED; FROM ALL CONCURRENT SYMPTOMS, THE EXISTENCE OF PHTHISIS PULMONALIS ESTABLISHED; THE CURATIVE POWERS OF IODINE INHALATION STRONGLY DISPLAYED.

A lady, aged thirty-four, of delicate form, with rather narrow, yet not ill-formed chest, of fair complexion, with dark eyes and white teeth, the mother of several children, having been much debilitated by three miscarriages within the last two years, and suffering from a severe cough, consulted me in February of the year 1840. In the history of her case, she related that, four years before, she first contracted a violent catarrhal cough, which had since continued always troublesome, with the exception of an intermission in the summer months; that in January she had coughed up blood to the amount of a teacupful; and from that time had been affected with constant cough, pains of the chest, with quickened and difficult respiration, frequent palpitation of the heart, inability to lie on the right side, and one very distinct paroxysm of hectic fever in the middle of the day, and a slighter

one in the evening. There were copious night-sweats; she was much wasted in flesh; the catamenia had been suspended two months; the pulse was 120; the animal heat 99° ; the expectoration was in quantity about four ounces in the twenty-four hours, of a general puriform appearance, and gave a ring of colours in the optical experiment; the digestive functions were not much disturbed; but the urine deposited much lateritious sediment.

The following indications appeared from the stethoscope and percussion: the voice was brought distinctly under the tube at the apex of the right lung, and there was obscure *gargouillement* at that part. It was the opinion of Dr. Edwin Harrison (whose loss we have so much to lament) that there was a small cavity in this part. The sound was dull at the upper part of the right lung, and very remarkably so on percussing the clavicle. The left lung was comparatively in a healthy state.

RESULT.—The mitigation of the symptoms was very obvious; and, at the end of a month, her appearance was remarkably improved, and all the symptoms were relieved. The pulse was reduced to 80; the animal heat to 95° ; the respiration appeared unembarrassed; the cough was comparatively slight; the sputa small in quantity, and much improved in character; there was no longer hectic fever; and the night-sweats were much lessened. She had gained flesh, and some improvement of strength; yet she still complained of great debility.

She had been most attentive in the use of the inhalation three times a day, and extolled it as the source of her improvement.

She continued to amend regularly. The catamenia returned. Four months having elapsed, she had recovered so

completely that no further treatment appeared to be necessary. For the last week she had inhaled only once a day. She improved in flesh, and was so much stronger, that she declared herself better in health altogether than she had been for six or seven years.

CASE LXVII.—INTERESTING CASE OF BRONCHITIS, AND AT THE TIME SUSPICIOUS AS TO TUBERCLES.

A gentleman, aged twenty-two, tall, slight, with circular chest, of the nervous temperament, while labouring under great mental excitement, which was quickly followed by inflammation of the membranes of the brain, exposed himself, in a state of delirium, to the cold night air, when without clothes. Bronchitis followed. He lost blood from the arm and by leeches; and blisters were applied. It was observed that the severe symptoms affecting both the head and chest alternated remarkably. When I first visited the patient, he appeared pallid and exhausted, scarcely equal to the least conversation; and if any exciting topic was touched upon, he became delirious. The eyes were blood-shot; he could not bear light or noise; said that his nights were almost sleepless; that his brain often “seemed on fire;” and that his greatest comfort was to have his shaved head washed with the coldest water. He felt his chest bound as if with cords; the breathing was uneasy; cough was frequent and exhausting; the expectoration was in very large quantity, of highly puriform appearance, much coloured with blood, and of offensive odour. The pulse was from 120 to 130; the animal heat 102° . Hectic fever was urgent, and on most nights the perspiration was excessive.

The urine was of a dark colour, and deposited lateritious sediment in the greatest abundance. On the right side, over the upper part, the sound was dull; the voice gave much resonance to the stethoscope near the axilla. It seemed very probable that some ulceration had taken place.

He was in so weak and nervous a state (hardly able to raise himself in bed), that he was timid, and alarmed at the idea of the new treatment. With better courage, however, he resumed it on the following day; and I was highly gratified to hear him, in a short time, express in glowing terms the delightful relief which he experienced from inhaling, which he said not only relieved his cough and breathing, but "calmed him all over." Many of the symptoms remained urgent for a week; the quick pulse; the breathing easily hurried; the cough much excited by continued conversation; hectic fever at mid-day severe; perspiration at night excessive. But some appetite returned. There was more tranquillity of the nervous system, and much sleep was procured at night. Some decoction of bark had been added to the mixture. The bowels required regulation; and a pill with *Pilul. Aloës c. Myrrh.* and *Pulv. Jacob.* answered perfectly. In other cases I have mentioned the remarkable reduction in quantity, and alteration in quality, speedily produced in the sputum by the influence of the iodine inhalation; but I never witnessed this effect more strikingly produced than in the present instance. Within three days the quantity was lessened by one half, and it was much less coloured. At the end of a week it did not amount to more than four ounces, and in another ten days it was reduced to an ounce, with here and there only streaks of blood.

RESULT.—In my former account of this case, I added, “I am happy to add that the patient is advanced towards convalescence, and, I hope, may, with great care on his own part, be restored to health. He has gained flesh and strength, and has a good appetite. When he is in a state of perfect quietude, the pulse is below 80, but is soon quickened by a little exertion. The animal heat is now only 98°. He is in good spirits, and is confident of recovery; but he still has cough, with, sometimes, coloured expectoration; he has now and then copious night-sweats; and, after sitting up some hours, his ankles become swollen. He continues to inhale regularly, and with unabated satisfaction. He uses the lotion for the chest, and the flesh-brush, with sensible benefit. He takes sulphate of quinine with sulphuric acid, &c., in the day, and the morphiae syrup at night. He is quite free from hectic fever, and pursues a highly restorative diet, with evident advantage.”

OBS.—Thirteen years have now elapsed since this illness, and I can state that this gentleman is in the enjoyment of excellent health. My conclusion is, that he had not tubercles; but the symptoms attending the bronchitis were, as I have shown, of a very urgent character; and, at the time, the urgent hectic, and wasting, gave a strong picture of consumption.

CASE LXVIII.—THE SYMPTOMS OF A VERY MIXED CHARACTER; NOT WITHOUT GROUNDS OF SUSPICION AS TO TUBERCULAR IRRITATION, BUT THE LEADING CHARACTER OF THE THORACIC DISORDER NERVOUS.

An unmarried lady, aged twenty-six, slight in form, and of the nervous temperament, had for several years been subject to winter cough. She had lost, from consumption, a sister, a sister-in-law, and two uncles. Two months before she consulted me she had taken cold from sitting on a stone bench, when the wind was N.E., with a hot sun. I found her complaining of a troublesome cough, which at times was violently spasmodic; and there was seldom any secretion; and when any appeared, it was yellowish white, not streaky. The chest was sore, with the feeling of having been bruised; the breathing quickened on the slightest exertion; severely affected with palpitation of the heart, and often shooting pains in that region; her general nervous agitation so remarkable, that sometimes she required to have her legs held for almost an hour after going to bed. The state of skin was most variable and capricious; hot on cold days, cold on hot; one night perspiring profusely, another dry and feverish. She had wasted and lost strength; and this was the greatest cause of alarm. The catamenia had been suspended two months; the pulse ranged from 90 to 110; the animal heat only 97°. By percussion and auscultation the signs were not satisfactory, there being some dulness of sound, and obscure respiration here and there; but these indications were not sufficiently marked to indicate tubercles. The appetite was very deficient, the tongue coated, the digestion weak and irregular. The treatment consisted of inhalations, combined with general remedies.

RESULT.—A perfect recovery was gradually accomplished. She married in about eight months, and has enjoyed good health now for several years.

CASE LXIX.—A MIXED CASE OF PULMONARY DISORDER, HAVING SOME SYMPTOMS THREATENING PHTHISIS, COMBINED WITH ERROR OF THE LIVER, AND INTESTINAL PAIN RESEMBLING SEVERE COLIC.

A lady, aged twenty, tall and slight in form, of much delicacy of constitution, and of the nervous temperament, consulted me in Oct. 1840, on account of a cough and much general illness. The cough first came on in March, from taking cold, as she thought, in a damp church; and she had never lost it. There was occasional spitting of blood, which much alarmed her. She had a great dread of consumption, it having prevailed remotely in her family. She had lost flesh and strength, and had occasional hectic fever. The pulse ranged from 90 to 112; the animal heat 99 to 100°. The cough was hacking, and it was often particularly distressing in the night; the expectoration difficult, and the sputum yellowish white, in streaky lumps, sometimes greenish and sometimes coloured with blood, but not of bad odour. The whole chest was tender, and with a sense of rawness in the middle of the sternum; the respiration always uneasy, and very quick and difficult upon exertion. By percussion and auscultation the signs were not so unfavourable as I should have expected. She could receive a large quantity of air in each lung; the examination being made when she was in her best state and perfectly quiet. There was imperfect respiration in the upper part of the right lung, and dullness of sound. Her greatest suffering was a pain in the

middle of the abdomen, very acute, lasting an hour or two, coming on most days, and almost intermittent. In connexion with this, the tongue was coated with a yellowish and white fur, in part morbidly red, with raised papillæ, sometimes creamy. There was generally nausea, sometimes active sickness, and entire loss of appetite. The secretions were much vitiated; the urine heavily loaded with lateritious and mucous sediment; the alvine discharges mostly of an olive green, with great fœtor. The state of the bowels was quite irregular, and in the opposite states of inaction and overaction. The aspect of the case was, upon the whole, rather alarming.

She had been under medical treatment since March, and had taken a variety of cough medicines with scarcely any relief, and had been blistered over the chest once.

RESULT.—At the end of three months she was sufficiently recovered to go into the country. She had lost the cough, had recovered appetite and digestive power, and, with the gaining of much flesh and strength, her appearance was that of one renovated. Six years have now elapsed without any relapse. A year ago she married, and I learn lately that she enjoys very good health. She has uniformly practised cold water morning ablution.

CASE LXX.—URGENT SYMPTOMS OF TUBERCULAR PHTHISIS, TWICE OCCURRING, WITH AN INTERVAL OF THREE YEARS. ON THE LAST OCCASION, STRONG EVIDENCE OF A SMALL CAVITY. THE DISEASE SUCCESSFULLY TREATED.

A lady, aged thirty-two, the mother of six children; fair, slight in form, and of delicate appearance, was severely

attacked with measles, three years ago, in May, 1844, being then a nurse. She was not bled, but her chest was blistered. A troublesome cough remained. In June, having been much fatigued with attendance on a sick child, "she burst a small vessel," and coughed up about half a teacupful of blood, scarlet and frothy. The sputum afterwards was occasionally coloured. She lost flesh and strength.

I was consulted in November; she was in the fifth month of pregnancy, and the pulmonary symptoms were becoming alarmingly serious. She was much wasted. The cough was extremely irritable; there was great soreness of the chest; sometimes a feeling of its being raw. The breathing was very quick on the least exertion. The animal heat, 101; the pulse from 90 to 120°. She had one or two paroxysms of hectic fever every day; and night-perspiration was considerable. Under the right clavicle, to a considerable extent, there was dulness on percussion, and the respiration was very obscure. There was some resonance of the voice, but no indication of a cavity. The appetite was totally wanting, the bowels were irregular. For a long time past her nights had been much disturbed, and she rarely slept more than an hour continuously—being prevented by cough and hectic irritation.

The whole treatment, varied as to the internal medicines, agreed, and was so successful, that by the following March she was quite convalescent, and she got through her confinement remarkably well. She became a good nurse; yet this was not a wise proceeding to be attempted.

She retained the comfortable health which she had acquired, till last June, when, notwithstanding that she had always pursued the hardy plan of general morning ablution,

first with tepid water, and finishing with cold, she had an influenza attack, which brought back slight hæmoptysis; and, in a rapid manner, all the bad symptoms which had distinguished her former illness came on. I saw her early in February, and found her in an alarming state. Again she was wasted and extremely weak; the pulse rapid; the animal heat 101° ; the cough almost incessant; the sputum of much worse appearance than on the former occasion; it was manifestly tuberculous. Hæmoptysis, in a slight degree, occurred now and then, raising great alarm in the mind of the patient, who was highly sensitive and nervous. The right was the affected lung; the left free from all bad symptoms. Under the right clavicle, in the middle, for a small space there was well-marked pectoriloquism.

RESULT.—She has gradually improved. The appetite is become excellent, and she takes draught porter with relish and perfect agreement; occasionally also, sherry, with calf's-foot jelly or arrowroot. In the first instance she could not bear the least stimulus of the kind. *I believe that the cavity is healed.* By the stethoscope, there is only some resonance of the voice; the sputum is small in quantity, and simply mucous. The animal heat is 97° ; the pulse from 78 to 84; the breathing is good; the cough but slight, unless she engage too much in conversation. She has regained flesh and strength in a surprising degree, and her looks are most happily changed from an appearance almost that of dying, to animation and cheerfulness.

CASE LXXI.—PHTHISIS PULMONALIS IN THE LAST STAGE;
THE DISEASE EVIDENTLY INCURABLE, AND RENDERED
MORE INVETERATE BY ITS COMPLICATION WITH TUBER-
CLES AND ULCERATION IN THE INTESTINES.

A gentleman, aged twenty, of scrofulous constitution, as shown by permanent swellings of the glands of the neck in early youth, slight in figure, with a fairly proportioned chest, was very far advanced in the last stage of phthisis pulmonalis when I was first consulted. The emaciation was extreme, and the debility so great that he could not walk across the room without assistance. The pulse was 150 in the minute; the inspirations 30. The nails were remarkably incurvated. The features were thin and contracted; presenting, in a considerable degree, the facies Hippocratica. The circulation was so feebly performed, that the hands and feet were often extremely cold, and the fingers of purple hue; and yet the thermometer, applied under the tongue, indicated 100°. The feet and ankles were cedematous. The cough was very irritable, the expectoration difficult, and much pain, with tightness, was experienced over the chest, especially at the inferior part of the sternum. The tongue was morbidly red in the middle, with foul and whitish edges. He had urgent thirst, and was without appetite. The state of the bowels was irregular; the chief tendency was to diarrhoea. The expectoration was flaky, white, of offensive odour, sometimes bloody, and gave a strongly coloured ring in the optical experiment. The nights were constantly disturbed by cough, and there were occasionally copious sweats, which had an offensive odour like that of foul earth. There was pectorilo-

quism under each clavicle near the axilla, and the cavernous cough was strongly marked.

RESULT.—Extremely debilitated as this patient was, he could use the inhaler without difficulty; thus affording a proof of the convenience of this simple apparatus. The relief which was obtained from this process in the course of a few days was most remarkable, and such as to exceed my utmost expectations. The patient's description of the effects of inhaling was, that it abated the cough remarkably, and rendered the expectoration, which before had been much suppressed, easy and free; from which change ensued a comfortable state of chest, with a great improvement in the breathing. He observed that he felt the inhalation very sensibly traverse the lungs, causing an agreeable sense of warmth.

He proceeded in a course of alternate amendment and relapse for many weeks; suffering much more from painful irritation and disorder of the bowels than from the chest; till at length nature became exhausted. He used the inhalation regularly almost up to the period of his death, and always described in strong terms the relief which it gave to his chest.

OBS.—I must again observe that, if I had been governed by a rigid solicitude for the credit of inhalation, I might have declined the application of the treatment to such a case as this, at the first view so evidently hopeless. Opinion of the merit of remedies is usually referred only to the event; and a fatal termination of a case is liable to be quoted in condemnation of any particular treatment, and cannot seem calculated to support and recommend it. But surely it is the duty of humanity to adopt the use of those

means which we know from experience are the most capable of relieving the symptoms, of mitigating the sufferings of the unfortunate patient, and thus rendering more smooth the path to death!

CASE LXXII.—CHRONIC LARYNGITIS, APHONIA, SUSPICION OF TUBERCLES. RECOVERY OF THE PATIENT.

A gentleman, aged thirty-five, originally stout and healthy, with a well-formed chest, first found his health to fail a year and a half before my seeing him, with the following symptoms: A catarrh of more than ordinary severity preceded a cough, which was loose, and not very urgent; but, in two months after, the voice became affected, first with hoarseness, and soon he could only speak in a whisper, and the effort to give tone was very painful. Eight leeches were applied, and drew, as he thought, eight ounces of blood. He fainted, and was low and weak afterwards, and he considered that he was rather injured by the depletion. In the succeeding months blisters were applied to various situations in the upper part of the chest, without any sensible benefit. He lost flesh and strength, and had copious night perspirations. He found it become so painfully difficult to speak, that at length he carefully avoided the attempt, and wrote down his wishes on a slate.

At my first visit I found his pulse not exceeding 90, and the animal heat $99\frac{1}{2}^{\circ}$. When sitting, he breathed without apparent difficulty; but quick movement, and making any ascent, so embarrassed him that he apprehended a disease of the heart. His mother had died of consumption, and he was full of fears for himself.

By auscultation at the upper part of the right lung, there was much resonance of the voice, and much dulness of sound on percussion. He was thin and weak, and had frequent night perspirations. His sleep was usually disturbed by cough and restlessness. Yet he was, he assured me, in a most improved state from what he had been some months before, when he had sometimes coughed "by his watch" for three-quarters of an hour, and expectorated half a pint of phlegm. He attributed his amendment to *Nature*, under the advantage of different changes of air, and thought that every kind of medical treatment had "done him rather harm than good."

On inspecting the posterior fauces, the mucous membrane appeared much too vascular and swollen. He had pain about the larynx, if he talked much. In a word, he was affected with all his former symptoms in an abated degree. The period was the beginning of summer, which was much in his favour.

RESULT.—By degrees he perfectly recovered, and six years have now passed, and he has not experienced any relapse.

CASE LXXIII.—APHONIA, PRECEDED BY CATARRH, OF
MUCH CONTINUANCE, ENDING IN RECOVERY.

A lady, aged twenty-two, slight in form, and looking delicate, although never complaining of ill-health, took cold in October, 1844; which was soon attended with cough and hoarseness, and very shortly with loss of voice: and she attributed this in part to the having strained it in singing the high notes. She was remote from medical assistance at the time, and simple treatment only was used. I saw her

in June, and found the tonsils, uvula, and velum pendulum rather swollen, but not with any well-marked appearance of inflammation. On strong compression of the larynx, a little tenderness was felt; and the effort to hold a conversation was distressing, and gave rise to a little aching about the larynx; otherwise, the complaint was not painful, and she declared herself to be in good general health.

RESULT.—I received the following account of this young lady lately. “Her voice returned in the most gradual manner. For many months it was very weak, and she was unable to speak for more than a few minutes without failure, or excessive effort; but now she never complains, nor do we discover any weakness of the voice. The voice for singing, however, has only partially returned; the upper notes are neither so clear nor so strong as formerly.”

OBS.—I apprehend that severe and protracted cases of this description are of a very mixed nature; and that, in the latter stage of it, the defect is chiefly that of the local nervous power. But the eventful recovery in this and other cases may give a cheerful encouragement to those similarly affected, and encourage them not to despair, even though their affliction may have been of long continuance. It is also a great consolation that such cases may occur without the least participation of phthisis.

CASE LXXIV.—ASTHMA — BRONCHITIS — PROMPTLY AND
VERY REMARKABLY RELIEVED BY INHALATION OF
IODINE WITH CONIUM.

A gentleman, aged sixty-four, for many years constantly more or less affected with humoral asthma, was seized with

severe symptoms of acute bronchitis, which became mitigated by the application of leeches, blisters, and the usual treatment; but the disease continued, passing into the chronic form. The cough was frequent, and distressingly violent; the expectoration was profuse, usually amounting to about a pint in the twenty-four hours; it was in part frothy, but in the largest proportion it was heavy, tenacious, highly offensive in smell, and occasionally mixed with blood. The breathing was sometimes alarmingly embarrassed after the fits of cough, and exceedingly oppressed also whenever the morbid secretion was much collected in the bronchial tubes.

The stethoscope indicated a high degree of mucous râle, and here and there also the sibilant râle. In the upper part of the right lung the respiration was so imperfect, and the sound from percussion of the clavicle and beneath it so dull, that I suspected the existence of tubercles.

The patient was much reduced in flesh and strength; the pulse was 80, its natural frequency being 66 in a minute; the animal heat, which I had occasionally examined when he was in his ordinary state of health, and found to be 94° , was now raised to 98° . In the course of every day some hectic fever prevailed. He expressively declared that he felt himself to be wasting and gradually sinking; and certainly the aspect of the disease was most unpromising.

He had taken various expectorants latterly, with but slight relief; he had removed to a favourable situation for change of air, and received all the advantages of regulated diet and regimen; but the bronchial symptoms continued almost as urgent as before.

RESULT.—The good effects which were quickly produced exceeded my most sanguine expectation. Even in the

short space of two days great relief was experienced ; and, at the end of ten days, the expectoration was lessened to about an ounce in the twenty-four hours, was simply mucous, and no longer offensive in odour.

He described that he felt his whole chest comforted by the inhalation ; that he could without difficulty disengage the expectoration, which before had required for its expulsion such paroxysms of cough as were frightful and overwhelming.

The patient recovered his health to a point of improvement beyond what was usual for him to enjoy ; but a perfect restoration was not to be expected in a case where such complicated disease of the lungs had long existed. After his recovery, I found the animal heat returned to its former point of 94° , and the pulse to 66.

CASE LXXV.—CHRONIC BRONCHITIS. THE COUGH EXTREMELY URGENT, AND THE BRONCHIAL SECRETION UNUSUALLY VISCID AND TENACIOUS. THE CURE EFFECTED BY INHALATIONS AND COUNTER-IRRITATION.

A female, aged fifty-four, tall and slight, of delicate constitution, having rather a contracted chest, subject to winter cough for the last twenty years, with asthmatic breathing, consulted me in the latter part of autumn, for a cough of unusual severity, from which she had suffered three weeks. It was a strong sonorous cough, and so irritable, that she could not carry on any conversation. She complained of a sense of tightness in the trachea, of an oppressive sense of uneasiness in the upper part of the chest on the right side, and of being very short breathed. The quantity of expectoration was upwards of half a pint in the twenty-four hours, partly frothy,

but, in great part, also extremely viscid and ropy, and of a disagreeable faint odour. When this was much accumulated, the fits of coughing were of such violence as to threaten suffocation. By the stethoscope I discovered strong mucous, and some sibilant, râles on the right, and mucous râle on the left, side of the chest. The pulse was 96; the animal heat $97^{\circ}5$. The digestive functions appeared to be in a natural state, and the constitution not affected, except with nervous irritability, in consequence of loss of sleep at night from the urgency of cough, which was scarcely intermitted throughout the twenty-four hours.

She had attentively used the inhalation three times a day for a week; at which period the cough was become comparatively slight and unfrequent; the sputa were much reduced in quantity, and amended in quality; but still there was much of the peculiar viscid secretion before described. The pulse was reduced to 84; the animal heat to 96° .

The secretion from the bronchial mucous membrane was gradually corrected, and brought to the natural state of health. In three weeks this patient recovered entirely; and, for the last few days, had used the inhalation only once or twice in the day.

OBS.—As far as relates to the treatment of bronchitis not attended with inflammatory symptoms, and at the same time of a very local character, I might, as in this case, be contented to confine my treatment to the use of the inhalation. This patient contrasted the benefit which she had so speedily obtained with the slow and imperfect advantages which she had derived from ordinary internal medicines, administered for a long period in the preceding winter, when the bronchial attack, according to her own account, was less severe than the one now described.

CASE LXXVI.—CHRONIC BRONCHITIS, WITH SUSPICION OF TUBERCLES. THE SYMPTOMS VERY URGENT, AND SUCCESSFULLY TREATED BY INHALATION AND OTHER MEANS.

A gentleman, aged thirty-eight, tall and of full make, corpulent, of fair complexion and thin skin, had been at various periods, since the age of twenty-three, subject to attacks of acute bronchitis. Two years previously to the illness about to be described, he suffered much from an affection of the trachea; and he observed, "that, strong and powerful as he appeared to be in his general frame, he was made too sensible of having a very weak chest." He added, that he had lost four, amongst his brothers and sisters, from pulmonary consumption.

I found this gentleman, in July, 1831, suffering severely from symptoms of subacute bronchitis.

He was in a short time relieved from the most severe symptoms; but the complaint assumed a chronic character. The cough was very irritable; the expectoration viscid, thick, deep white, and also frothy, of disagreeable odour, and excreted with difficulty. The respiration was restrained by a distressing sense of oppression. He complained of much internal soreness along the whole course of the sternum, and, in particular, of an internal itching irritation in the same direction. He described the irritable state of the air-passage "as occurring three or four times in every twenty-four hours, and lasting for an hour at a time; commencing in the throat, and apparently travelling down the windpipe; attended with much uneasiness, and huskiness, with wheezing; these symptoms terminating with expectoration."

At this period the pulse was frequent; there were two slight accessions of fever daily, the one at six a.m., the other about noon. He had strong night perspirations. The tongue was coated; the appetite deficient; the bowels were irregular; and the urine very copiously deposited lateritious sediment. By the stethoscope, mucous râles were discovered on the right side; the respiration appeared to be much obstructed; and, over a considerable extent of the right lung, the sound on percussion was dull. By slight exertion the breathing was distressingly hurried.

RESULT.—The treatment succeeded perfectly. There was every cause to be satisfied with the effects of the inhalation. He found the itching sensation within quite relieved by it. The feeling of oppression of the chest was removed, and the expectoration was rendered free and easy.

He recovered entirely in the course of two months, and remained well for almost two years. The complaint returned last August, in a less inflammatory form than before; and again he experienced the most marked benefit from inhalation. At this period he does not make the smallest complaint of his chest. He was so well convinced of the great benefit which he had derived from inhaling, that he said he was bound in gratitude to represent the value of the treatment to any invalid whom I might wish to refer to his experience.

OBS.—I attach a particular importance to this case, from the belief which I was led to entertain of the existence of tubercles, and the consequent satisfaction that, during so long an interval as I have mentioned, the health was not interrupted by any return of pulmonary irritation.

CASE LXXVII.—CHRONIC BRONCHITIS. THE COUGH EXTREMELY URGENT; THE SECRETION FROM THE MUCOUS MEMBRANE REMARKABLY VISCID. THE IODINE INHALATION CURATIVE WITHIN A SHORT PERIOD OF TIME.

J. C., aged fifty-four, tall and robust, and in good health till two months before the present illness, was attacked in March with bronchitis, the acute symptoms of which were not of long continuance. When he consulted me he was labouring under severe cough; and he represented that the fits were sometimes half an hour in duration, and that it was especially troublesome in the night. He had great difficulty in lying down, and was disturbed every hour or two by the accumulation of sputa, which were so glutinous and ropy, as with great difficulty to be discharged, even by the most continued coughing. He suffered much from night perspirations. The pulse was 88; the animal heat did not exceed 95° ; he was free from fever. The appetite was deficient; but the digestion, for the most part, regularly performed.

RESULT.—He quickly improved in the most satisfactory manner. He said that the inhalation created an immediate facility of expectorating, the effects of which were quite delightful to his feelings—"that the phlegm seemed to come from the bottom of his lungs; and that, when this was cleared away, his chest was light and easy."

The appetite improved, and the looks of the patient testified the favourable change in the state of the chest. In his own natural language, he described, with great emphasis, "the wonderful benefit which he derived from the inhalation." His cure was completed in about three weeks.

OBS.—I consider that, in this case, the influence of the inhalation upon the constitution, as well as upon the parts with which it came into immediate communication, was very well shown. The patient soon found his appetite increased; a perfect regularity of the bowels produced; and an improvement of the spirits, and of the nervous system in general.

CASE LXXVIII.—BRONCHITIS, UNATTENDED WITH FEVER.

THE COUGH VERY URGENT, AND REMARKABLY RELIEVED IN A SHORT TIME BY AN INHALING MIXTURE OF CONIUM, HYDROCYANIC ACID, AND IPECACUANHA.

A female, aged forty, of robust form, the mother of several children, for years past affected with severe cough in the winter season, had been ill for a fortnight, when she consulted me for the relief of one of her usual attacks. She related that she had been frequently affected with alternate chills and heats, that the cough had been "very hard," and so violent and incessant as to disable her from occupation in the day, and disturb her rest at night. The breathing was short; she did not complain of pain in the chest; but she was sensible of oppression, and felt almost a constant tickling in the larynx. The sputa were copious, and she expectorated with much difficulty. She had considerable perspirations at night, appeared languid, and described herself as greatly subdued by the cough. The pulse did not exceed 84, nor the animal heat 97°. The digestive functions were not much disturbed, and I ventured to submit this case to the sole influence of the treatment by inhalations.

I prescribed, therefore, a mixture of conium, hydrocyanic

acid, and ipecacuanha, which she inhaled three times a day. The effects were quite satisfactory. At the end of five days the cough was so much mitigated that she declared herself to be almost cured; and that, in this short space of time, she had received more benefit from inhalation than from medicines formerly taken in the usual way for a considerable time.

OBS.—Although I wish, in the general character which I offer of the treatment by inhalation, to speak of it as a valuable auxiliary rather than as being in itself sufficient, yet I shall express the truth only when I affirm that I have, in many other instances, as well as in these just related, been able to effect the cure of bronchitis and catarrhal cough by pursuing the treatment of inhalation only, without internal medicines.

CASE LXXIX.—SPASMODIC ASTHMA. VERY SATISFACTORY
RELIEF OBTAINED.

A married lady, aged thirty-six, had been subject to attacks of spasmodic asthma for some years past, from which she obtained relief by the use of antispasmodic and expectorant medicines; but her stomach was often disordered by their influence, and she had recourse to them with reluctance. I was desirous of trying the comparative power of inhalation, and subjoin a statement of its effects in the words of the intelligent patient.

“I inhaled the medicated vapour during fifteen minutes before going to rest. The first sensations it occasioned me were slight fatigue in breathing, and an aching pain in the breast, which, however, subsided by degrees; and when ex-

pectoration took place, which occurred copiously within half an hour after the inhalation, I felt completely relieved. Afterwards, in the course of the night, whenever I awoke (instead of feeling the oppression and difficulty of breathing which often distress me), expectoration took place without effort; and, breathing easily and freely, I then slept again immediately. Usually, whenever I awake with the sensation of tightness across the chest, I do not sleep for an hour or two afterwards.

“During two days after the inhalation, slight expectoration continued; and ever since (now ten days) my breathing, both night and day, has been perfectly free.”

CASE LXXX.—HABITUAL ASTHMA. THE DIFFICULTY OF BREATHING ATTENDED WITH DISTRESSING COUGH, READILY INDUCED BY COLD, DAMP, AND ESPECIALLY BY FOGGY STATES OF THE ATMOSPHERE. THE SYMPTOMS SATISFACTORILY RELIEVED BY INHALATION.

A gentleman, aged twenty-seven, slight in figure, and having that form of chest which is commonly called “pigeon-breasted,” had been asthmatic from his infancy, and, two years before the occasion of his consulting me, experienced a dangerous inflammation of the lungs, which had left him almost constantly suffering more or less from irritable cough, and especially in the winter season.

When I first saw the patient, he was evidently labouring under bronchitis. The symptoms were very urgent, but wholly of a chronic character. The cough was extremely irritable; the bronchial secretion copious, viscid, of disagree-

able odour, and of greenish colour. The respiration, always in some degree embarrassed, was now much hurried, in number 32 in the minute, and distressingly accelerated on going up stairs, although he ascended with much care. He complained of a sense of stricture and oppression of the chest, with some sense of tightness in the trachea; had considerable difficulty in lying down in bed, and, when he arose in the morning, the struggle to free the air-passages from the secretion which had been collected during the night was often so severe as to weaken and render him languid for the whole day. The pulse was 96; the animal heat 95°. On each side, the stethoscope indicated much mucous râle; and there was a considerable degree of resonance.

The digestive organs were not in a healthy state: the appetite was impaired, the bowels were irregular, the biliary secretion was deficient and vitiated, and the urine deposited much lateritious and mucous sediment. The patient was thin and had the appearance of being worn and debilitated. He said that he always felt weary, languid, and wretched.

RESULT.—The effect of this treatment was perfectly satisfactory. He made the following report of the effects of the inhalation: he used it regularly on first rising in the morning, sometimes before quitting his bed, and immediately obtained a facility of expectorating, which superseded the necessity of the usual cough, and prevented its taking place in any troublesome degree. The breathing was rendered easy, and the chest light and comfortable: a happy exchange, he said, for the feelings of oppression and restraint which formerly always affected the windpipe and the chest, more or less severely.

OBS.—It could not be expected that so confirmed an asth-

matic patient should acquire the possession of perfect health ; but it is satisfactory to report that the state of his chest was rendered, for the most part, very comfortable. He obtained every morning, by means of the inhalation, an effectual clearance of the bronchial tubes : by the use of the shower-bath, the ablution, friction, and dumb-bells, he gained a very marked increase of strength in the muscles of the chest, and in the body altogether ; and his general health became equally amended.

CASE LXXXI.—ASTHMA : MUCH MORBID SECRETION OF THE
BRONCHIAL MEMBRANE, RELIEVED BY INHALATION.

A gentleman, aged sixty-six, of delicate constitution, subject to gout from early life, and also to asthma during the last twenty years, is occasionally in a high degree distressed with bronchial irritation, attended with excessive secretion of viscid mucus, and urgent cough. He finds great relief and permanent benefit from having recourse to inhalation, using the iodine mixture with the addition of tincture of stramonium when irritation of the membrane strongly predominates ; and when this subsides, he has recourse to the mixture of iodine with conium, using the iodine in small doses.

OBS.—This patient has found, by comparative experience, that his “humoral asthma” is more quickly and more speedily relieved by inhalation than by medicines taken in the usual way ; and he congratulates himself that he is spared the necessity of taking expectorants, which formerly created much nausea, and interfered with the functions of his weak stomach very seriously.

I must repeat that I desire not to be understood as over-

looking the value of other treatment, in my praise of inhalation. In every case of chronic bronchitis, and in proportion as the secretion of the mucous membrane is excessive, particular attention should be given to the state of the alimentary canal, and the functions of the liver and the kidneys. The use of alteratives and aperients is, in many instances, not only important, but quite indispensable.

Sir Charles Scudamore's concluding observations are as follows:—"For the sake then of humanity I recommend the treatment now pointed out. * * * It is not on selfish grounds that I advocate the practice of inhalation,—what concerns my reputation is personal and transient, and of little moment; what relates to science, and the interests of mankind, is for all ages, and of inestimable importance."

Dr. WILSON, formerly Physician to the London Institution for Diseases of the Chest, speaks confidently of the extraordinary curative effects (*LANCET*,* vol. xl. p. 750) produced by the inhalation of iodine, in pulmonary consumption. Dr. W. has published (*vide opus citat.*) several cases of recovery, from which I select the six following examples.

* In a late number of the *LANCET* appears the following editorial paragraph:—"INHALING WARDS IN HOSPITALS.—A hint has been thrown out by M. Teisnai, of Lyons, that wards might be set apart, in hospitals, wherein such vapours might be disengaged as are most likely to benefit patients labouring under pulmonary complaints. The subject is well worth consideration." There is nothing I more sincerely desire than that such an opportunity should be afforded of making the profession better acquainted with the merits of inhalation. This suggestion indicates that professional opinion is now more in its favour, that the ardour of inquiry is stronger, and that the success which has attended inhalation is being daily made more apparent, and must be, eventually, fully acknowledged.

CASE LXXXII.—CONSUMPTION—CURE.

Susan Ecclebosch, aged twenty-three, admitted August 1st, married, and has had two children; the elder died when four years of age of consumption: it was after her second accouchement I was requested to visit her; she had then been ill twelve months, and had been under various medical men. She presented extraordinary emaciation; pulse 123; breathing 60; animal heat 110° ; expectoration of pnriform matter, streaked with blood, about three-quarters of a pint daily; excessive diarrhoea and night-sweats, with extreme difficulty of articulation. Percussion and auscultation showed extensive ulceration in the right lung, which could be also discovered by the resonance of the voice on placing the fingers in the intercostal space between the second and third ribs; the left side of the chest gave indications of tubercular deposit. In this case there was a perfect absence of sonorous and sibilous râles. Ordered chalk mixture, with the addition of tincture of catechu and laudanum. Vesication to the surface of the abdomen with the acetum cantharidis. In three days the excessive purgation ceased, when she inhaled a mixture of iodine and conium once a-day, her strength not permitting its more frequent use; and she also took a mixture composed of sulphate of quinine, laudanum, and infusion of quassia.

8th. Improved; now feels some desire for a little nourishment, and is allowed arrowroot and wine.

16th. Much improved; night-sweats less; cough less troublesome, and expectoration diminished. Takes her medicine regularly.

29th. Left her bed for a few hours for the first time;

appetite improved. Takes broth and beer twice a-day. Ordered a mutton-chop daily. Cough less; bowels regular. Continues her mixture. Pain in the right hypochondrium on pressure, but does not extend to the shoulder: pain disappeared after the application of a blister. In the course of the following month walked to the institution. The improvement in this case continues to the present day; scarcely any cough, appetite very good, tongue clean, and is now able to attend to her usual household concerns. I brought several medical friends to witness this extraordinary recovery.

CASE LXXXIII.—CONSUMPTION—ULCERATION—CURE.

James Clarke, aged twenty-seven, has been ill two years, admitted July 25, presenting all the symptoms of tubercular ulceration. Ordered the same mixture as in similar cases, and inhalation. Has continued his medicines to the present day; and is now so well as to be no longer an object for relief.

CASE LXXXIV.—INCIPIENT CONSUMPTION—CURE.

Kesiah Ward, aged twenty-one, admitted August 5, presents all the symptoms of incipient phthisis; her eldest sister died of consumption. Under former treatment had been bled and leeched; has had a cough for six months; pulse about 95; animal heat 103° ; night-sweats; a hacking, tiresome cough, which much exhausts the patient, and expectoration of frothy mucus; is so exceedingly nervous, that palpitation is produced on the slightest cause.

This patient continued to improve, and increase in weight

and strength; and was finally dismissed on the 27th of September, having lost all train of pectoral symptoms.

CASE LXXXV.—INCIPIENT CONSUMPTION—CURE.

Jane Chapman, aged twenty-six, admitted October 2nd, presenting all the appearances of incipient tubercles; has been ill four months; of a scrofulous habit, and has a swelling of the lymphatic glands of the neck; is very emaciated and nervous; cough incessant, with an absence of all bronchial affections; slight pain in the chest; pulse 106; animal heat at times very high; appetite bad. Ordered vesication, with acetum cantharidis, and aperient medicine.

9th. Pain has left her chest, tongue cleaner, and appetite somewhat improved. Ordered quinine mixture, and generous diet; tea and coffee forbidden.

21st. All the symptoms much improved; appetite good. Continues her medicines, and the inhalation of iodine and conium.

Nov. 17th. Is enabled to return to her usual employment as housemaid; but continues her medicines.

January, 1842. Has lost all signs of pulmonary disease, and increased considerably in weight.

CASE LXXXVI.—INCIPIENT CONSUMPTION—CURE.

Edward Akess, aged seventeen, admitted September 17th, suffering under the premonitory symptoms of phthisis; is of an unhealthy, strumous habit; has large glandular swellings of the neck; slight pain in the chest. Ordered vesi-

cation and iodine inhalations; a generous diet. To take quinine mixture, with the addition of sulphate of iron.

24th. Feels rather stronger, medicine agrees well with him: suffice it to say that this patient gradually improved in appearance and strength, while the pectoral symptoms diminished; and was finally discharged cured, Jan. 5, 1842.

CASE LXXXVII.—INCIPIENT CONSUMPTION—CURE.

Edward Matthews, aged twenty-two, admitted September 3rd; by trade a cabinet-maker; has suffered for eight months with a severe cough, and pain in the chest; has tried various remedies with but temporary relief. On percussing the chest, great dulness in both clavicular regions, and a want of the natural respiratory murmur; no bronchial affection; pulse 100, at times varying; animal heat 102°; complains much of rigors, and night-perspirations. Ordered the inhalation of iodine and conium, and the application of the acetum cantharidis to the chest. To have a febrifuge mixture.

10th. General symptoms less, and pain nearly gone. Ordered a nutritious diet, and quinine mixture.

17th. Considers he is gaining flesh; pectoral symptoms less; appetite very good. This treatment was continued until December 19th, when he was discharged, cured of all the pulmonary symptoms, and very much increased in strength and flesh.

Inhalations of iodine have also been adopted by Drs. Morton, Thompson, Garduer, Benton, Chatroulle (Paris), Ryan, Baron, Smythe, Behrend (Berlin), Davidson, and

numerous other eminent physicians, who have reported a host of recoveries from consumption, bronchitis, laryngitis, and other diseases of the respiratory organs.

CONCLUSION.

HAD I included *all* the examples of recovery which have, from time to time, been published in various treatises and periodicals both at home and abroad, together with those which have been privately communicated to me, no single volume of ordinary dimensions would have contained them; and were they introduced, it might well be said *cui bono?* for it would be impossible to more fully or conclusively demonstrate the curative influence of inhalation, than the preceding cases have already done,—*ex his disce omnes*.

Far be it from my wish or intention to claim for inhalation any miraculous results; but I can scarcely believe it possible, that any attentive and unprejudiced reader can rise from a perusal of the foregoing observations and cases without being well convinced—

1st. That medicines, when inhaled, act locally on the lungs and air-passages, and that it is only when so administered that any direct action can be produced.

2ndly. That inhaled medicines act constitutionally as well as locally, and not only so, but more speedily, more powerfully, and with less disturbance of the healthy organism, than when administered in any other manner.

3rdly. That inhalation, as a practice, is based upon scientific

principles, and its safety and soundness susceptible of demonstration by facts known and recorded by the highest authorities in the profession.

4thly. And, lastly, that the results of this practice show a greater proportion of recoveries than was ever before attained in the treatment of these diseases, and are such as not only to warrant, but to demand, its general adoption.

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FORMERLY RESIDENT PHYSICIAN AND PROPRIETOR OF THE LUNATIC
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